



Direct Deposit

Please Print

Employee Name: _____ Social Security Number: _____

Deposit To:

Bank Name: _____ Bank Name: _____

Primary Routing Number: _____ Secondary Routing Number: _____

Primary Account Number: _____ Secondary Account Number: _____

Checking Savings

Checking Savings

Amount: _____

Amount: _____

****ATTACH A VOIDED PERSONALIZED CHECK TO THIS FORM FOR CHECKING ACCOUNT REQUEST****



Important Note:

- The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.
- Checking and Savings accounts do not need to be at the same financial institution. A separate form is required for each institution.

I hereby authorize St. Louis Park Schools and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries if necessary due to error in payment to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination. Also, there is a one pay period pre-note process. Your change will take effect if all information provided is correct, within 30 days of date.

Signature: _____ Date: _____

PAYROLL USE ONLY: Date entered: _____ Initials: _____