

# SMPSB Direct Deposit Authorization Form

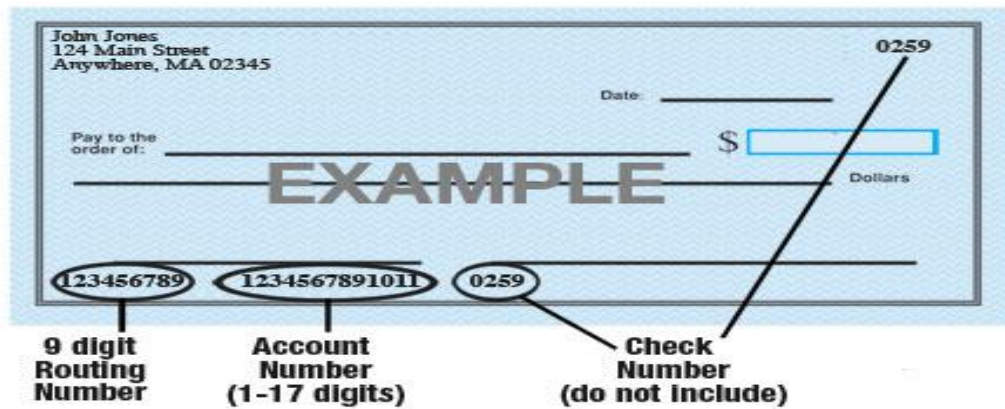
**PLEASE MAKE NOTE THAT UPON SUBMISSION OF THIS FORM, YOUR FIRST PAYMENT ASSOCIATED WITH THIS DIRECT DEPOSIT ACCOUNT WILL BE IN THE FORM OF A TRUE PAPER CHECK. THE NEXT PAY CYCLE, WILL REFLECT PAYMENT INTO THE ABOVE CHECKING/SAVINGS ACCOUNT IF NO ERRORS ARE RECEIVED. – Thanks Payroll Dept.**

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



**\*\* Verification of the listed account information must be attached. Please provide a voided check for the listed bank account to which funds should be deposited OR an authorization print out directly from your bank listed. \*\***

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

**\*\* Entire Paycheck will be Deposited into the provided account.**

Type of Account:  Checking  Savings (Check One)

St. Martin Parish School Board is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_