

DIRECT DEPOSIT FORM



EMPLOYEE'S AUTHORIZATION- I authorize Bozeman Public Schools and the financial institution(s) listed below to initiate electronic transfer to my checking or savings account. This authority will remain in effect until I cancel it in writing. I also authorize my financial institution to accept a reversal of any payroll entry made under this agreement if an error has been made: the District will notify me of the error within two (2) working days of the correction.

Employee Number

Employee Name (Please Print)

Date

Employee Signature

DIRECT DEPOSIT

Please fill out the following information and **Attach A Voided Check** for deposit into a checking account.
For Savings accounts please **Attach a Savings Deposit slip**.

☐ **Checking Account**

☐ **Savings Account**

Account Number

Bank Routing Number

Financial Institution

Location (Branch)

STOP DIRECT DEPOSIT

I hereby authorize Bozeman Public Schools to discontinue the direct deposit of my salary earnings. This authorization is given provided I receive a school district warrant in lieu of direct deposit of my salary earnings.

Please Stop Direct Deposit to:

Financial Institution

Effective Date