

# DIRECT DEPOSIT ENROLLMENT / CHANGE FORM

Billings Public Schools Payroll Department  
Phone (406) 281-5014 ~ Fax (406) 281-6179



(Check only ONE box)

Initial Request

Replace / Add Account

Cancel / Stop / I want paper checks  
*(choose check option below)*

**MAIN ACCOUNT:** Complete the following for Direct Deposit.

Bank Name \_\_\_\_\_ 9 Digit Routing # \_\_\_\_\_

Account Type  CHECKING  
 SAVINGS

Bank Account # \_\_\_\_\_

**SECONDARY ACCOUNT:** ONLY complete the following if you would like a specific dollar amount to be deposited into a Second Account. The remaining balance will be deposited into the Main Account.

Amount \$ \_\_\_\_\_

Bank Name \_\_\_\_\_ 9 Digit Routing # \_\_\_\_\_

Account Type  CHECKING  
 SAVINGS

Bank Account # \_\_\_\_\_

**I understand that I will receive a paper check until my account(s) complete a successful "TEST" cycle.**

\_\_\_\_\_  
INITIAL

**Choose ONE of the following:**

- Mail** - Your check will be sent via the Postal Service. If the check is lost, there is a mandatory 10-day waiting period before Payroll is able to reissue the check.
- Pick Up** - Your check will be held at the Lincoln Center, Room 206. Your check is available for pick up on or after payday. You will be required to show Photo ID and sign for your check.
- Deliver to Home School** - This option is **NOT** available to Substitutes, only to employees in a regular position. Regular employees - Your check will be delivered to your Home School secretary on payday.

### EMPLOYEE AUTHORIZATION

I authorize Billings Public Schools and the financial institution(s) listed above to initiate an electronic transfer to my checking and/or savings account(s). 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.

**PAYROLL USE - PLEASE LEAVE BLANK**

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date