



ST. MARIES JOINT SCHOOL DISTRICT NO. 41

240 S. 11th Street; P.O. Box 384
St. Maries, ID 83861
(208)245-2579 fax (208)245-3970

PAYROLL DIRECT DEPOSIT AGREEMENT FORM

Please complete the form below and return it to the St. Maries School District Office as soon as possible. You may deposit into almost any financial institution and may divide your deposit up to four ways as long as you provide the routing and account number (these numbers are located on your checks, bank statements, or can be provided by your bank). Changes to your direct deposit authorization must be made in writing by the 10th of the month. To split your deposit among more than one bank/financial institution, a separate authorization must be completed for each.

Authorization Agreement

I hereby authorize St. Maries Jt. School District No. 41 to initiate automatic deposits to my account at the financial institution named below. I also authorize St. Maries School District to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold St. Maries School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until St. Maries School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit agreement to the Payroll Department.

Account Information

Name of Bank/ Financial Institution: _____

Routing Number* _____

Checking \$ _____ Account Number: _____
Amount to deposit

Savings \$ _____ Account Number: _____
Amount to deposit

****In order for payroll to verify the bank routing number, please attach a "VOID" check.***

Signature

Print Name _____

Authorized Signature: _____ Date: _____

FOR DISTRICT OFFICE USE ONLY

Date Received: _____ Payroll date for change: _____ Routing verified: _____