



EMMETT INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION

Direct Deposit forms must be received by the 8th of the month, if received after the 8th changes will be effective the following month.

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

PRIMARY BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____

BANK TRANSIT ROUTING NUMBER: _____

CHECKING or SAVINGS (please circle one)

I hereby authorize the District to initiate direct deposit into the account and bank listed above. Payroll direct deposits will be made to the account listed above until I choose to terminate or change this agreement by submission of a new Direct Deposit Authorization form. If funds, to which I am not entitled have been deposited to my account in error, I understand that the District will follow its policy on payroll corrections to correct the error.

Deposits returned because of closed accounts or incorrect information may cause a delay of up to 10 days in receiving the replacement pay.

Signature: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK HERE

The first deposit will be a pre-note (test) and you will receive a paper check in the mail. If no corrections are sent back, the following month will be a direct deposit.