

HATTIESBURG PUBLIC SCHOOL DISTRICT

Employee Pay Selection Form

Select One: _____ **ENROLLMENT** _____ **CHANGE**

You have two options to receive your pay, as listed below. Please review them and make your selection by initialing your choice and signing below.

DIRECT DEPOSIT

I hereby authorize my employer Hattiesburg Public School District to initiate deposits of my net pay into the account at the financial institution shown on the attached personal check and further authorize Financial Institution to credit the account indicated with the deposits. If funds to which I am not entitled are deposited to my account, I authorize debits from my account and the return of such funds. This authority is to remain in effect until Company or Financial Institution has received notification from me of termination of such authorization in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on those instructions or until Company or Financial Institution cancels the direct deposit arrangement.

Initials

MUST ATTACH AN ORIGINAL VOIDED CHECK
or
INFORMATION ON LETTERHEAD FROM MY FINANCIAL INSTITUTION

Bank/Financial Institution Name: _____

Routing/Transit #: _____ Account #: _____

Account Type: Checking or Savings

I authorize Hattiesburg Public School District to disburse my pay by direct deposit or Money Network Service debit card according to the selection I initialed above. If I don't make a selection within 7 days of payroll date, I agree that my pay will be disbursed using Money Network Service debit card. I understand that I can change my pay selection at any time in the future.

Employee Printed Name: _____ Employee Work Location: _____

Employee Signature

Social Security Number

Date