PAYROLL DIRECT DEPOSIT AUTHORIZATION

Please attach a voided check or bank printout that includes full routing and account numbers.
Complete this form and return to the Great Falls Public Schools Human Resources or Payroll Department.

I authorize you and the financial institution designated below to automatically process my net pay to my account as specified. This authorization will remain in effect until I give written notice to cancel it.

FINANCIAL INSTITUTION

NAME (Please type or print)

New Account ☐ Cancel ☐

Checking ☐ Savings ☐

DATE

SIGNATURE

FOR OFFICE USE ONLY

Routing Number

Account Number

DW-200 Payroll Direct Deposit Authorization | Rev. 5/2026 White-Payroll Pink-Employee

PAYROLL DIRECT DEPOSIT AUTHORIZATION

Please attach a voided check or bank printout that includes full routing and account numbers.
Complete this form and return to the Great Falls Public Schools Human Resources or Payroll Department.

I authorize you and the financial institution designated below to automatically process my net pay to my account as specified. This authorization will remain in effect until I give written notice to cancel it.

FINANCIAL INSTITUTION

NAME (Please type or print)

New Account ☐ Cancel ☐

Checking ☐ Savings ☐

DATE

SIGNATURE

FOR OFFICE USE ONLY

Routing Number

Account Number

DW-200 Payroll Direct Deposit Authorization | Rev. 5/2026 White-Payroll Pink-Employee