Moss Point School District

DIRECT DEPOSIT AUTHORIZATION FORM

DATE

EMPLOYEE NAME

DATE OF BIRTH

PERSONAL EMAIL ADDRESS

PRIMARY PHONE NUMBER

UNTIL FURTHER NOTICE, I HEREBY AUTHORIZE THE MOSS POINT SCHOOL DISTRICT TO TRANSMIT THE AMOUNT OF MY NET PAY TO THE FOLLOWING FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION

TYPE OF ACCOUNT ☐ CHECKING ACCT. ☐ SAVINGS ACCT.

ACCOUNT NUMBER

ROUTING NUMBER

EMPLOYEE SIGNATURE _____

YOU MUST ATTACH A VOIDED CHECK OR OFFICIAL BANK DOCUMENT SHOWING YOUR ACCOUNT AND ROUTING NUMBERS.