



Emmett School District #221
DIRECT DEPOSIT AUTHORIZATION

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

PRIMARY BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

MARK ONE: ☐ Checking ☐ Savings

INITIAL:

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

_____ The first paycheck may come as a paper check instead of direct deposit to ensure the account is set up correctly. This first paper check may be picked up on Pay Day at the District Office. Any check not picked up by 4:30 PM on pay day will be mailed out the following day, which may result in a delay.

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.

Signature: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK

---OR---

A BANK PRINT OUT OF YOUR ACCOUNT INFORMATION