



ST. MARIES JOINT SCHOOL DISTRICT NO. 41

240 S. 11th Street – P.O. Box 384

St. Maries, ID 83861

Telephone: (208) 245-2579 ** Fax (208) 245-3970

Website: <http://www.sd41.org>

PAYROLL DIRECT DEPOSIT AGREEMENT FORM

Please complete the form below and return it to the St. Maries Joint School District No. 41's District Office as soon as possible. You may deposit into almost any financial institution and may divide your deposit up to four ways as long as you provide the routing and account numbers (these numbers are located on your checks, bank statements, or can be provided by your bank). To split your deposit among more than one bank/financial institution, a separate authorization must be completed for each bank/financial institution.

Authorization Agreement

I hereby authorize St. Maries Joint School District No. 41 to initiate automatic deposits to my account at the financial institution named below. I also authorize St. Maries Joint School District No. 41 to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold St. Maries Joint School District No. 41 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until St. Maries Joint School District No. 41 receives a written notice of cancellation from me or my financial institution, or until I submit a new Payroll Direct Deposit Agreement to the District Payroll Department.

Account Information

Name of Bank/Financial Institution: _____

Routing Number: _____

Checking ☐ \$ _____
Amount to Deposit

Account Number: _____

Savings ☐ \$ _____
Amount to Deposit

Account Number: _____

In order for the Payroll Department to verify the bank routing and account numbers, please attach a "VOIDED check or written documentation from the bank or financial institution which shows the routing and account numbers.

Signature

Print Name: _____

Authorized Signature: _____ Date: _____

FOR DISTRICT OFFICE PAYROLL DEPARTMENT ONLY

Date Received: _____ Payroll Date for Change: _____ Routing Verified: _____