

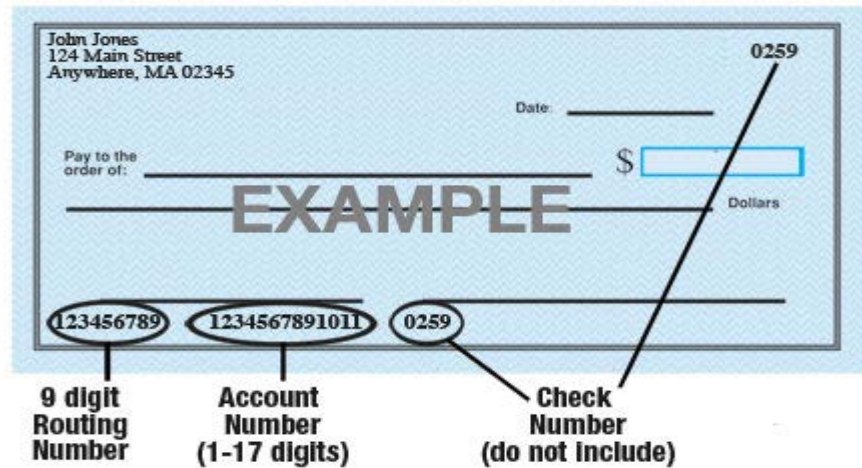
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ \$ _____ ☐ _____ % or ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited

St. Martin Parish School Board is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____

PLEASE MAKE NOTE THAT UPON SUBMISSION OF THIS FORM, YOU WILL RECEIVE PAYMENT IN THE FORM OF A TRUE PAPER CHECK FOR THE FOLLOWING PAY PERIOD. THE NEXT PAY CYCLE, WILL REFLECT PAYMENT INTO THE ABOVE CHECKING/SAVINGS ACCOUNT IF NO ERRORS ARE RECEIVED. – Thanks Payroll Dept.