

Effective July 1, 2012 Direct Deposit is Required for ALL employees



Quitman School District
104 East Franklin Street
Quitman, MS 39355
601-776-2186
FAX 601-776-1051

Direct Deposit Authorization

Attach a voided check or photocopy of a check for checking account. DO NOT ATTACH A DEPOSIT SLIP.

Check one of the following: Effective Date:
Start As Soon As Possible
Stop Future Paydate
Change

Employee SS#

Employee Name (last, first, middle initial)

DIRECT DEPOSIT INFORMATION

Type of Account (check one)
Checking Savings

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Financial Institution Name input field

Enter the following information from the bottom of your check:

ABA Bank Routing Number input field

Account Number input field

By signing this authorization, I understand all of the following:

- 1. You must attach a VOIDED personal check showing your name imprinted as the owner or joint owner of the account, the nine digit bank transit number and the checking account number.
2. I authorize Quitman School District to direct deposit funds to my account in the financial institution listed above.
3. If any of the above information changes, I will promptly notify the Quitman School District payroll department of any account changes or closures and complete a new authorization agreement.
4. My financial institution has until midnight of the pay date (or first working day thereafter) to credit my account.
5. I acknowledge that I am responsible to ensure that my direct deposit has been established with the account listed below before writing funds against or setting up automatic withdrawal against this account.
6. This authorization shall remain in effect until revoked or changed by me in writing or upon termination of my employment.

Date

Employee Signature

Daytime Phone Number