



Quitman School District Payroll and Expense Reimbursement

Direct Deposit Authorization Form

1 . Please Check One: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	2 . Effective Date: <input type="checkbox"/> Process Immediately <input type="checkbox"/> Future Date _____
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3 . Employee Information

Name: _____ SSN: _____

Telephone Number: _____ Preferred Email Address: _____

4 . Financial Institution Information

	Financial Institution Name	9 Digit Routing Number	Account Number	Type	Distribution	Amount
1				<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage <input type="checkbox"/> Residual (Only used with Amount)	\$ _____ _____%
2				<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage <input type="checkbox"/> Residual (Only used with Amount)	\$ _____ _____%
3				<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage <input type="checkbox"/> Residual (Only used with Amount)	\$ _____ _____%

√ For each account listed above, you must attach a voided check or other bank identifying information
 √ You **must** indicate which account listed above to use for Expense Reimbursements.

ONLY CHECK ONE: 1 or 2 or 3

5 . Authorization and Certification:

I hereby authorize my employer, Quitman School District, to initiate credit entries and if necessary, to initiate debit entries for any credit entries received in error, to my accounts listed above for payroll and authorized expense reimbursements. This authority is to remain in full force until Quitman School District's Payroll Office has received an updated Direct Deposit Authorization form from me in such timely manner as to give the Payroll Office and my financial institution a reasonable opportunity to act on it, or until the termination of my employment.

In signing this form, I certify that I have read and understood this form, that the information provided herein is correct and that I am the owner or joint owner for each account listed above. I will not hold the district liable for any banking errors made by my designated financial institution(s).

Signature: _____ Date: _____

Please return completed form to QSD Payroll Office.