

# DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE TYPE OR PRINT CLEARLY

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER

BANK NAME	BRANCH

ACCOUNT NUMBER	ACCOUNT TYPE
	Check one (1) of the following: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Attach a voided check

EMPLOYEE SIGNATURE	DATE

I hereby authorize and request Mount Vernon School District to make payroll deposits to the financial institution indicated on this authorization form.

This authority is to remain in full force and effect during my employment with the Mount Vernon School District. I understand that thirty (30) days notice, in writing, to the district is required if I change banks and/or accounts, or wish to discontinue Direct Deposit Banking.

I understand Mount Vernon School District will assume no responsibility in the event electronic transfer of funds is not accepted by my financial institution and that no payment will be received by me until funds are returned to the district's Payroll Office.

Mount Vernon School District may terminate this direct deposit authorization if one or more of the following events occur:

- Leave-of-absence lasting more than three months
- Resignation of employment
- Retirement

<b>FOR PAYROLL USE ONLY</b>	
Bank Code:	
Date Processed:	
Test Month/Year:	