

DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE PRINT CLEARLY

Last Name	First Name	M.I.	Social Security Number

Bank Name	Branch	<p>I hereby authorize and request Mount Vernon School District to make payroll deposits to the financial institution indicated on this authorization form.</p> <p>This authority is to remain in full force and effect during my employment with the Mount Vernon School District. I understand that <u>changes made by the 10th of the month will take effect that month and anything after will take effect the following month</u> if I change banks and/or accounts.</p> <p>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.</p> <p>Mount Vernon School District may terminate this direct deposit authorization if one or more of the following events occur:</p> <p style="text-align: center;">Resignation of employment Retirement</p>
Account Number	Account Type	
	Check one of the following: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Attach a voided check here or letter from your financial institution		

Employee Signature	Date	Payroll Use Only
		Bank Code: <input style="width: 150px;" type="text"/>
		Date Processed: <input style="width: 150px;" type="text"/>
		Test Month/ Year: <input style="width: 150px;" type="text"/>