



DIRECT DEPOSIT – ENROLLMENT/CHANGE FORM

I, _____ request Millard Public Schools directly deposit my paycheck into the referenced account(s). I further authorize Millard Public Schools to request my bank to debit my account for any direct deposit made in error.

Signed: _____ Dated: _____

Employee Number: _____ SSN: _____

*Please attached a voided check or letter from your bank
containing your routing information*

Please Note: Direct Deposit change requests must be received by the Business Office at least 7 days prior to the next payday. If you close your account(s), please let the Payroll Department know immediately. We are not responsible for payments made to closed accounts.

PRIMARY BANK ACCOUNT:

Bank Name: _____ Account Type: _____

C = Checking, S = Savings

Bank Routing Number: _____

Bank Account Number: _____

SECONDARY BANK ACCOUNT (optional):

Bank Name: _____ Account Type: _____

C = Checking, S = Savings

Bank Routing Number: _____

Bank Account Number: _____ \$ Amount to be Deposited: _____

Bank Name: _____ Account Type: _____

C = Checking, S = Savings

Bank Routing Number: _____

Bank Account Number: _____ \$ Amount to be Deposited: _____

Bank Name: _____ Account Type: _____

C = Checking, S = Savings

Bank Routing Number: _____

Bank Account Number: _____ \$ Amount to be Deposited: _____