MILLARD PUBLIC SCHOOLS

DIRECT DEPOSIT – ENROLLMENT/CHANGE FORM

I, _____ request for Millard Public Schools to 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 attach a void check, letter from your bank or screenshot from your banking website/app containing your full account information.

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

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:** _____