

MANCHESTER PUBLIC SCHOOLS DIRECT DEPOSIT AUTHORIZATION FORM

NAME: _____

EMPLOYEE NUMBER: _____

New Enrollment Notice of Change Cancellation

1). **(OPTIONAL)** Direct Deposit of a specified amount

Financial Institution: _____
Branch City and State _____
Bank Routing # _____
Account # _____
Type of Account Checking Savings

Amount of Deposit \$ _____ *
(SPECIFY AMOUNT)

New Enrollment Notice of Change Cancellation

2). **(MANDATORY)** Direct Deposit of net pay

Financial Institution: _____
Branch City and State _____
Bank Routing # _____
Account # _____
Type of Account Checking Savings

Amount of Deposit \$ _____ NET PAY*

***IT WILL TAKE 2 PAY CYCLES FOR YOUR DIRECT DEPOSIT TO TAKE EFFECT**

**FOR BANK ROUTING AND ACCOUNT # VERIFICATION, PLEASE ATTACH THE FOLLOWING:
A COPY OF A VOIDED CHECK OR
OTHER BANK DOCUMENTATION SHOWING ACCOUNT NUMBERS.**

I hereby authorize the direct deposit of my pay to the financial institution(s) indicated above. Such direct deposit shall be made on each payday unless I choose to terminate this agreement in writing. Any such notification shall be submitted with **10 days notice** to allow for processing. **If funds are transmitted to an account that has been closed, MBOE must wait for the financial institution to return the funds before a new payroll check can be issued.**

In the event that funds are deposited erroneously into my account, I authorize the Manchester Board of Education to debit my account for an amount not to exceed the original amount of the credit.

EMPLOYEE SIGNATURE

DATE