

**EMPLOYEE'S AUTHORIZATION** – I authorize Billings Public Schools and the financial institution(s) listed below to initiate an electronic transfer to my checking and/or savings account. This authority will remain in effect until I cancel it in writing. I also authorize my financial institution to accept a reversal of any payroll entry made under this agreement if an error has been made.

 \_\_\_\_\_  
Employee ID Number

 \_\_\_\_\_  
Employee Name (Please Print)

 \_\_\_\_\_  
Today Date

 \_\_\_\_\_  
Employee Signature

**\*\* "Direct Deposit will take effect after testing through one payroll cycle" \*\***

### DIRECT DEPOSIT

Please fill out the following information for the account(s) that deposit(s) are to be made to. If you want your whole check deposited into one account fill out SECTION #1 only. Fill out both SECTIONS (1 & 2) if you want a specific dollar amount of your check to go into another account.

#### SECTION #1

☐ Checking Account

☐ Savings Account

 \_\_\_\_\_  
Name of Bank

 \_\_\_\_\_  
Account Number

 \_\_\_\_\_  
Bank routing # (1<sup>st</sup> 9 #'s @ bottom left of check)

#### SECTION #2 – Second Account

☐ Checking Account

☐ Savings Account

 \_\_\_\_\_  
Account Number

DOLLAR AMOUNT \$ \_\_\_\_\_

 \_\_\_\_\_  
Name of Bank

 \_\_\_\_\_  
Bank routing # (1<sup>st</sup> 9 #'s @ bottom left of check)

### STOP DIRECT DEPOSIT

Please STOP my Direct Deposit to:

 \_\_\_\_\_  
Bank Name

 \_\_\_\_\_  
Effective Date

THIS AREA IS FOR PAYROLL USE – PLEASE LEAVE BLANK

Worker ID: \_\_\_\_\_

Entered By: \_\_\_\_\_

Date Entered: \_\_\_\_\_