

DIRECT DEPOSIT



%Jeni Bybee
208-359-3300 ext 3404
60 West Main
Rexburg ID 83440

Direct Deposit of Monthly Payroll

_____ Last Name (Please Print)	_____ First Name (Please Print)	_____ Initial
_____ Account Location (Bank/Depository)	_____ Transit Routing Number (9 digits in bottom of left corner of check)	
_____ Account Number	_____ Checking	or _____ Savings

Optional Direct Deposit to Additional Account

_____ Account Location (Bank/Depository)	_____ Transit Routing Number	_____ Account Number
_____ Checking Account	\$ _____	
_____ Savings Account	\$ _____	

YOU MUST ATTACH A VOIDED CHECK TO THIS FORM.

I hereby authorize Madison School District # 321 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account which I have indicated above. I also authorize the above named depository to credit and/or debit the same to my account.

I understand that I may change financial institutions and/or account number at any time by written notification to Madison School District #321. I understand that written notification must be received at the District Office at least ten (10) days before pay day to be effective for that month.

_____ Employee Signature	_____ Date Signed
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