

Add New Account
Date Received _____

Change Existing Account

Cancel Direct Deposit
Date added MAS _____

MARIETTA PUBLIC SCHOOLS Request for Direct Deposit

I hereby request that my employer, Marietta Public Schools, deposit all compensation owed to me directly to my account(s) as shown below:

Name _____ Social Security # _____

1. Primary Bank Name _____

ABA or Routing # _____ Account # _____

Type of Account: _____ Checking _____ Savings

Deposit entire amount to this account? _____

If above answer is no, specify amount to be deposited \$ _____
(Dollar amount MUST be whole dollars or "Remainder".)

2. Second Bank Name _____

ABA or Routing # _____ Account # _____

Type of Account: _____ Checking _____ Savings

Deposit entire amount to this account? _____

If above answer is no, specify amount to be deposited \$ _____
(Dollar amount MUST be whole dollars or "Remainder".)

3. Third Bank Name _____

ABA or Routing # _____ Account # _____

Type of Account: _____ Checking _____ Savings

Deposit entire amount to this account? _____

If above answer is no, specify amount to be deposited \$ _____
(Dollar amount MUST be whole dollars or "Remainder".)

If you do not include a copy of a voided check or documentation from the bank stating your routing and account numbers FOR EACH ACCOUNT, the enrollment form will not be processed and you will remain without direct deposit.

The correctly completed form is due in the payroll office by 12:00 noon on the 1st day of the month prior to payroll. Any forms received after this deadline will be processed the following payroll. I understand that a check stub will still be distributed to me showing earnings and relevant information.

This authorization and request shall be effective until the undersigned revokes it in writing. Such revocation shall be effective with first payroll after receipt of notice by Marietta Public Schools Superintendent's office following the above timelines.

Date _____ Employee Signature _____