MENA PUBLIC SCHOOLS

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

EVERY FIELD MUST BE COMPLETED, ANY MISSING INFO WILL DELAY THE PROCESS FOR DIRECT DEPOSIT ACTIVATION

I authorize *Mena Public Schools* (hereafter referred to as "Company") to direct deposit funds to my account with the financial institution listed below. If funds to which I am ***not*** entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution.
This will delay your check.

Check one of the following: ☐ Start ☐ Stop ☐ Changing Account ☐ Adding an Account

Effective Date: ☐ As Soon As Possible ☐ Future Pay date: _____ / _____ / _____

Account # – *(Type of Account: please check one)* ☐ Checking (*voided check only, deposits slip are not accepted*) ☐ Savings (*deposit slip only*)

Financial Institution Name
(NAME OF BANK) _____

City: _____ State: _____ Zip: _____ Phone: _____

ABA Bank Routing Number (must be 9 numbers) **Account Number** (not to exceed 17 numbers)

⑆									⑆	⑈																	⑈

(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)

In order to sign up for Direct Deposit you must attach a copy of a personal check. For security reasons we recommend that the check is Voided.
- Staple the Voided check here

PLEASE STAPLE YOUR VOIDED CHECK IN THIS AREA

Routing number will be first nine numbers on bottom of check and account number will be middle set of numbers (Do not include check number, which is last set of numbers on the check.

This authorization will be in effect until the "Company" receives a *written* termination notice from the employee below:

X _____ X _____
Employee Signature *Date*

_____ _____
Print First, Middle Initial and Last Name *Home Phone Number*

I (the "Employee") understand that by submitting this form means my entire payroll check will be deposited into the above institution. The above "Employee" is required to sign this form to activate direct deposit of their paychecks. The "Company" is to retain this document on file.