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 DEPOSIT SLIP 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**