

Branson R-IV School District Direct Deposit Authorization Form

Please fill out one form for each account

Check the appropriate box:

_____ New Enrollment

_____ Change of Account / Financial Institution

Employee Name

Financial Institution

Employee Address

Institution Address

City State Zip

City State Zip

AUTHORIZATION STATEMENT

I hereby authorized the Branson R-4 School District and the financial institution listed above to deposit my pay electronically to my account each payday. This authority will remain in effect until termination of my employment.

I am attaching a **VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT** slip for the account to which I authorize these funds transferred. The account number IS LISTED BELOW:

Account Number

Account Type ____ Checking ____ Savings

_____ Percentage or Amount to Deposit

Signature

Date

Please attach a voided check or savings deposit slip to this form before returning to the PAYROLL department in the Superintendent's office. Funds will be directly deposited into the above authorized account on the second pay period from when this information is placed into the Payroll System.

.....

For Office Use Only: _____ Received _____ Implemented