Please note: You may have Direct Deposit to more than one account and also to more than one Bank and/or Credit Union. If you are depositing to several accounts or Banks/Credit Unions – you must specify how much of your net pay you would like deposited to each account, unless it is your entire net pay.

1. Please print your full name as is appears on your bank account

2. Place the date that you are completing this form next to your name

3. Please check whether you are choosing a Checking or Savings Account

4. List the name of the Bank or Credit Union on the line for Financial Institution

5. List the address of your Bank or Credit Union in the space provided

6. List the City, State and Zip Code for your Bank or Credit Union

7. Please check if you would like part of your pay in Checking or Saving under Partial Net Pay or you may choose to have your entire net pay under Full Net Pay deposited to your account.

8. Please write the Routing Number aka ABA Number from your account. Please note that this number is on the far left side of your check or your deposit ticket – this is a 9 digit number. If you are unsure, please call your Bank or Credit Union.

9. Please write your account number in the space provided.

10. Please read the authorization section and sign and date the Direct Deposit form

11. Return the Direct Deposit Authorization Form to Payroll Department along with a voided check (for Checking Accounts) and/or a deposit ticket (for Savings Accounts).

Your direct deposit will become active as soon as your information is verified with your Bank or Credit Union, but not later than the second paycheck upon receipt of the Direct Deposit Authorization Form.

Please contact Stefanie Bell at (574) 254-4506 or Tracey Bolin at (574) 254-4542 if you have any questions or concerns.

DIRECT DEPOSIT AUTHORIZATION FORM

Full Name: _____   _____   Date: _____

Please attach a voided Check or Bank Authorization Form for each Account

Please check account type: ☐ Checking   ☑ Savings

Financial Institution: _____

Address/local branch: _____

City, State, Zip Code: _____

Check Amount to be deposited: ☐ Full Net Pay   ☐ Partial Net Pay $_____

Routing Number: _____ __   Account Number: _____

Please check account type: ☐ Checking   ☐ Savings

Financial Institution: _____

Address/local branch: _____

City, State, Zip Code: _____

Check Amount to be deposited: ☐ Full Net Pay   ☐ Partial Net Pay $_____

Routing Number: _____   Account Number: _____

Please check account type: ☐ Checking   ☐ Savings

Financial Institution: _____

Address/local branch: _____

City, State, Zip Code: _____

Check Amount to be deposited: ☐ Full Net Pay   ☐ Partial Net Pay $_____

Routing Number: _____ __   Account Number: _____

I hereby authorize School City of Mishawaka to initiate payroll deposit entries, and if necessary, debit or adjustment to my account(s) as indicated above. This authorization is to remain in full force and effect until School City of Mishawaka has received written notification from me requesting a change in status or termination of my participation, allowing reasonable time for School City of Mishawaka and the financial institution(s) to act upon my request.

Signature: _____   Date:_____