

**PAYROLL DIRECT DEPOSIT: Please fill out and return to Payroll Department.**

NEW                       CHANGE                       CANCELLATION

As a convenience to me, I hereby authorize and request Pattonville School District to have my salary and any other monies it may owe me deposited directly and, to initiate if necessary, debit entries and adjustments for any credit entries in error to my:

**Account #1** Type:  Checking  Savings

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Employee Bank Name

Bank Routing # (ABA#) \_\_\_\_\_ Account # \_\_\_\_\_

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Percentage or Dollar Amount to Deposit to **Account #1**: \_\_\_\_\_

**Account #2** Type:  Checking  Savings

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Employee Bank Name

Bank Routing # (ABA#) \_\_\_\_\_ Account # \_\_\_\_\_

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Percentage or Dollar Amount to Deposit to **Account #2**: \_\_\_\_\_

**Account #3** Type:  Checking  Savings

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Employee Bank Name

Bank Routing # (ABA#) \_\_\_\_\_ Account # \_\_\_\_\_

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Percentage or Dollar Amount to Deposit to **Account #3**: \_\_\_\_\_

**OVER**

**Account #4** Type: \_\_\_\_ Checking \_\_\_\_ Savings

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Employee Bank Name

Bank Routing # (ABA#)

Account #

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Percentage or Dollar Amount to Deposit to **Account #4**: \_\_\_\_\_

**Account #5** Type: \_\_\_\_ Checking \_\_\_\_ Savings

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Employee Bank Name

Bank Routing # (ABA#)

Account #

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Percentage or Dollar Amount to Deposit to **Account #5**: \_\_\_\_\_

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I hereby authorize and request my financial institution to credit the same to my account. I agree that my financial institution is not responsible for the correctness of any direct deposits to my account by Pattonville School District and shall not hold it liable for crediting my account accordingly.

I understand that I may terminate this agreement by giving written notice to Pattonville School District. I may give such termination notice at any time, allowing Pattonville School District a reasonable time after receipt to act upon it.

This agreement is in accordance with the rules and operating procedure of the Mid-America Payment Exchange as now in effect or hereafter modified.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Date: \_\_\_\_\_

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**IMPORTANT:** Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers. Please allow two pay periods to prepare the accounts direct deposit process.

