DIRECT DEPOSIT AUTHORIZATION TO PAYROLL

I,	, authorize the Milford School District to	
deposit my biweekly p	payroll check to my bank account(s) as	s follows:
	Bank Name:	
	Bank Address:	
PLEASE ATTACH A	BLANK VOIDED CHECK HERE.	
This is needed in orde	er to insure accuracy of bank routing a	and account numbers.
	Account Number:	
I would like the transf	fer to be made as follows:	
Amoun	t to checking:	_
Amoun	t to savings:	_
*** "Balance" denote	s the net amount of the payroll check.	
Employee Signature		Date

If this is a new direct deposit or you are changing banks or account numbers, IT WILL NOT go through on the first payroll after it is received and processed in the payroll office. The bank will send a prenotification to make sure the account numbers and routing numbers are correct. That is why it is important to attach a voided check with this authorization.

****PLEASE NOTE: IF YOU WISH TO STOP YOUR DIRECT DEPOSIT YOU MUST NOTIFY PAYROLL IN WRITNG AT LEAST 2 BUSINESS DAYS PRIOR TO THE SCHEDULED PAY DAY.