



## Authorization for Direct Deposit

- I authorize Miller County Board of Education to initiate credit entries (and, if necessary, debit entries and adjustments for any errors) to the financial account listed below.
- I understand that should any information be incorrect or change, such as Financial Institution, Account Type, or Account Number, it is my responsibility to notify Payroll of the needed corrections or there may be a delay in the deposit of my funds.

Check One:

- This is an initial request
- This is a change to an existing request

Employee Name: \_\_\_\_\_

School Location: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Percentage (or Amount) of Check to be deposited: \_\_\_\_\_

Account Type (You must select only one):

- Checking: You **MUST** attach a **VOIDED CHECK**
- Savings: You must provide proof of the account, to include the bank name, routing number and account number.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Today's Date