

BENTON SCHOOL DISTRICT

DIRECT DEPOSIT FORM

Please return this form to the Accounting Department

Name (Please Type or Print) Social Security Number

NAME OF FINANCIAL INSTITUTION _____
Name

LOCATION OF FINANCIAL INSTITUTION _____
City State

YOUR FINANCIAL INSTITUTION'S _____
ABA NUMBER (ROUTING NUMBER) (9 Digit Number)

() CHECKING ACCOUNTING NUMBER _____

*If a portion of the net pay is deposited to a savings account, the remainder is deposited to the checking account number noted here.

() SAVINGS ACCOUNT NUMBER _____

*AMOUNT DEPOSITED TO SAVINGS _____

*** A VOIDED CHECK MUST BE ATTACHED BELOW ***

STATEMENT: I hereby authorize and request Benton School District #8 to have my salary deposited directly to my checking and/or savings account as indicated above. I authorize and request my financial institution to credit the same to my account. I also authorize Benton School District #8 to initiate debit entries to my account should such entries be necessary to correct incorrect credit entries.

A Pre-Note will be processed the first month showing a "0" deposit to my account to verify correct routing numbers and the live Direct Deposit will begin the following payroll.

This authority is to remain in full force and effect until Benton School District #8 has received written notification from me of its cancellation. I may give such cancellation at any time, but I must allow Benton School District #8 a reasonable time after receipt to act upon it. I will be responsible to notify the Benton School District if I close my account or change banks or bank accounts. Failure to notify the district may cause a delay in receiving my deposit.

Employee Signature

Date