



DIRECT DEPOSIT AUTHORIZATION FORM

Note: Direct Deposit is mandatory for all public school employees. MS Code 37-151-103

New enrollee _____ Change bank account(s) _____ (please check one)

I authorize the Pearl Public School District to deposit my net pay directly into the account(s) listed below and authorize the bank(s) listed below to credit the same to such accounts. I further authorize the Pearl Public School District to initiate adjustments for any credit entries in error to the account(s) below and authorize the bank(s) listed below to credit/or debit the same to such accounts.

First Account Destination (or only) Account Type: ___Checking ___Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

Deposit Amount: \$ _____ or Entire Net Amount:

Second Account Destination (if applicable) Account Type: ___Checking ___Savings

Bank Name: _____

Bank Number: _____

Account Number: _____

Deposit Amount: \$ _____ or Net Balance

Third Account Destination: (if applicable) Account Type: ___Checking ___Savings

Bank Name: _____

Bank Number: _____

Account Number: _____

Deposit Amount: \$ _____ or Net Balance

Attached a VOIDED check for each checking account listed above.

Employee Name (Please Print) _____ Date _____

Social Security Number _____ School/Department _____

Employee Signature _____

New Direct Deposit Enrollees may receive a paper check the first month. Any changes made to existing Direct Deposit accounts must be submitted to the Payroll Department fifteen working days prior to payday with the exception of the months of June and July in which special rules may apply. For these months, you will need to contact the payroll department for specific deadlines.