

Milford Board of Education
Employee Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form and return to the Payroll Department. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account or you do not have checks, ask your bank to provide a letter with the Routing number and Account information. This will help to ensure that your deposit is routed correctly.

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize the direct deposit of my net pay by my employer in the account/s and financial institution/s indicated above. Such direct deposit will be made on each succeeding pay day, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it. In the event that my employer deposits funds erroneously into my account/s, I authorize my employer to debit my account/s for an amount not to exceed the original amount of credit.

ACTION: (check one) New Account Change existing information Cancel/Stop current direct deposit

Account Information: (If selecting one account, it must total 100%)

Account #1 (check one) Checking Savings

Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

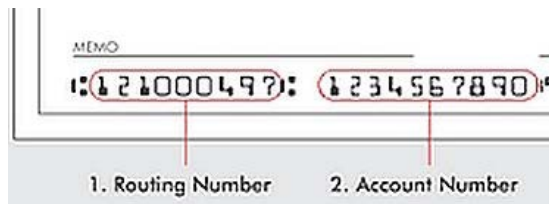
This must be a percentage only I wish to deposit: 10% 25% 50% Other _____%

Account #2 Remainder to be deposited. (check one) Checking Savings

Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IT MAY TAKE 2 PAY CYCLES FOR YOUR DIRECT DEPOSIT TO TAKE EFFECT

Employee Signature _____ Employee ID # _____

Print Name _____ Date _____