

**DIRECT DEPOSIT AUTHORIZATION FORM**

\_\_\_\_\_  
NAME (LAST) (FIRST) (MI)

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
BANKING INSTITUTION

\_\_\_\_\_  
ACCOUNT #

I hereby authorize the direct deposit of my regular net pay by the Monroe Board of Education to the account and financial institution\* indicated above. Such direct deposit will be made on each payday, unless I choose to terminate this agreement in writing to the Payroll Department, Monroe Board of Education. Any such notification to the Monroe Board of Education shall become effective following receipt, after a reasonable opportunity by Payroll to act on it. If there are any questions, please contact the Central Office.

IN THE EVENT THAT THE MONROE BOARD OF EDUCATION DEPOSITS FUNDS ERRONEOUSLY INTO MY CHECKING ACCOUNT, I AUTHORIZE THE MONROE BOARD OF EDUCATION OF TO DEBIT MY ACCOUNT FOR AN AMOUNT NOT TO EXCEED THE ORIGINAL AMOUNT OF THE CREDIT. ALTHOUGH THE MONROE BOARD OF EDUCATION WILL USE ITS BEST EFFORTS TO ENSURE TIMELY AND PROPER DEPOSIT OF MY PAYCHECK TO MY ACCOUNT, I ALSO UNDERSTAND THAT MISTAKES CAN BE MADE IN ACCEPTING THIS SERVICE. I AGREE TO HOLD THE MONROE BOARD OF EDUCATION BLAMELESS FOR ANY DAMAGES OR COSTS THAT I MAY INCUR SHOULD MY PAYCHECK, FOR WHATEVER REASON, NOT BE DEPOSITED TIMELY OR INTO THE PROPER ACCOUNT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

**FOR PAYROLL DEPARTMENT USE ONLY**

\_\_\_\_\_  
TRANSIT ROUTING CODE

\_\_\_\_\_  
ACCOUNT NUMBER

**INSTRUCTIONS FOR FILLING OUT THE DIRECT DEPOSIT AUTHORIZATION FORM**

1. Please complete the form provided above with all the information requested.
2. ATTACH A VOIDED PERSONAL CHECK TO THE AUTHORIZATION FORM. This will provide Payroll personnel with the necessary information to ensure the accurate transmittal of funds to your bank account.