

POST FALLS SCHOOL DISTRICT 273  
DIRECT DEPOSIT AUTHORIZATION FORM

**\*PLEASE READ AND FOLLOW THESE INSTRUCTIONS\***

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

Location/Site \_\_\_\_\_

**TO SET UP DIRECT DEPOSIT YOU MUST:**

- Find out if your institution accepts direct deposits. Verify the transit number and your account number
- Notify your financial institution that you are setting up a direct deposit through payroll and determine if they have special requirements
- Fill out this form completely and attach a voided check or a bank authorization form

I hereby authorize the Post Falls School District to:

\_\_\_\_\_ Start depositing my net pay, per paycheck, as indicated below

\_\_\_\_\_ Change my current net pay option as indicated below

**Only one deposit can be made. Please choose one.**

\_\_\_\_\_ **Deposit my net pay into my Checking Account**

\_\_\_\_\_ **Deposit my net pay into my Savings Account**

Financial Institution Name \_\_\_\_\_

I hereby authorize my employer and the financial institution to electronically deposit my pay into my designated account and to correct my account for any amounts deposited to it to which I am not entitled. This authority is to remain in effect until I submit a new authorization form. I understand that a four (4) week time period may be needed to implement this authorization.

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**\*\*ATTACH A VOIDED CHECK OR A BANK AUTHORIZATION FORM\*\***