

Mountain Home Public Schools

Direct Deposit Authorization Form

Telephone Number: (870) 425-1201

____ New Enrollment ____ Change ____ Discontinue Participation

I hereby authorize Mountain Home Public Schools to initiate deposits to my account listed below. I also authorize the Financial Institution indicated below to credit the same to the account. This authority is to remain in effect until Mountain Home Public Schools receives written notification from me of its termination.

Employee Information

Employee Name: _____

Social Security Number: _____

Work Phone: _____

Financial Institution Information

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Type of account (Mark One): ___ Checking ___ Savings Account

Amount or % of net pay to Direct Deposit: _____

A copy of a voided check needs to be attached for bank routing number and account information.

Signature: _____ Date: _____

.....

For employer use only:

Bank Routing Number: _____

Account Number: _____