

## **Mayfield Independent Board of Education**

## **Direct Deposit Authorization Form**

The Mayfield Independent School District has established a mandatory direct deposit system for payroll. Please complete the information below and return this sheet to the payroll office (Attn: Debbie Smith). The first month is a "trial run" to your bank – you will receive a paper check the first month:

Please note the following:

The transmittal of payroll funds will be sent to all banks on the night before pay day. The time of credit to your account is determined BY YOUR BANK. If you have questions on this subject, please contact your bank.

Employee Name:	SS#:		
Financial Institution Name:			
Financial Institution Address:			
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Check One: Checking Savings			
Account Number:			
Routing Number:			
<u> </u>		•	
Check One: New Direct Deposit Account:		•	
A Change to existing Direct Deposit A	ccount set up with N	/layfield S	ichools
Signature of Employee:	Date: _	/	_/_
**Remember: FIRST MONTH is a "trial run" to your ba	ınk – you will receive a	a regular P	'APER c
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