

# Noxubee County School District

P. O. Box 540 | Macon, Mississippi 39341

## PAYROLL DIRECT DEPOSIT AUTHORIZATION

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### Purpose of Authorization (Check One)

New Authorization \_\_\_\_\_  
(Complete A, B, C, and F)

Change to Existing Authorization \_\_\_\_\_  
(Complete A, B, D, and F)

Cancellation \_\_\_\_\_  
(Complete A and E)

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### A. Employee Information

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Department/School

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### B. Banking/Financial Institution Information

\_\_\_\_\_  
Name of Bank/Financial Institution

\_\_\_\_\_  
Phone Number of Institution

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Routing Number

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### C. New Authorization Statement

I hereby authorize the Noxubee County School District to send the amount due to me from payroll to the financial institution listed above for direct deposit into my account. I understand that I may terminate this agreement at any time by completing another Payroll Direct Deposit Authorization Form and sending it to Payroll Services, allowing a reasonable time for my employer to act upon my request for termination.

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

\_\_\_\_\_  
Date

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### D. Change Authorization Statement

I hereby authorize and request my employer to make the changes indicated on this form for automatic deposit of payroll to my account.

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

\_\_\_\_\_  
Date

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### E. Cancellation Statement

I request that my employer terminate my authorized direct deposit of net amount due from payroll to my account. I will allow a reasonable time for my employer to act upon my request for termination.

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

\_\_\_\_\_  
Date

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### F. Attach a voided check.