

PAYROLL DIRECT DEPOSIT AUTHORIZATION

*Please attach a voided check or bank printout that includes full routing and account numbers.
Complete this form and return to the Great Falls Public Schools Human Resources or Payroll Department.*

I authorize you and the financial institution designated below to automatically process my net pay to my account as specified. This authorization will remain in effect until I give written notice to cancel it.

FINANCIAL INSTITUTION

New Account

Cancel

NAME (Please type or print)

Checking

Savings

DATE

SIGNATURE

FOR OFFICE USE ONLY

Routing Number

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Account Number

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DW-200 Payroll Direct Deposit Authorization | Rev. 5/2023

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