

Kalispell Public Schools – Direct Deposit/Payroll Deduction Form

DIRECTIONS:

1. Submit this form to the Payroll Office by the end of the month prior to the effective date to ensure the direct deposit/deduction will be included on your paycheck on the 10th or the 15th of the following month. Retain a copy for your records.
2. Deductions will be withheld during your payroll months unless designated otherwise.
3. Staple voided check(s) to this form

EMPLOYEE INFORMATION:

Full Name: _____ Effective Date: _____

Social Security # (last four digits for verification purposes): _____

How would you like to receive your W2 forms? ☐ Electronic ☐ Paper

DIRECT DEPOSIT: PLEASE INCLUDE A VOIDED CHECK FOR FINANCIAL ACCOUNTS TO ENSURE ACCURACY

YOU MAY CHOOSE UP TO THREE ACCOUNTS FOR DIRECT DEPOSIT. WRITE 'ALL' IN THE \$___ LINE IF ONLY USING ONE ACCOUNT OR, SPECIFY AN AMOUNT IF SPLITTING BETWEEN 2 OR 3 ACCOUNTS AND WRITE 'REMAINDER' IN THE 2ND OR 3RD ACCOUNT.

Financial Institution _____

Routing Number _____

Account Number _____

Account Type: Checking or Savings (Circle One) \$ _____ Per Month ☐ Start ☐ Stop

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PAYROLL DEDUCTIONS:

Health Savings Account - High Deductible Plan Only

1. Choose Bank - ☐ Glacier Bank ☐ Health Equity ☐ Optum

2. Account Number _____

3. \$ _____ Per Month ☐ Start ☐ Stop

I authorize you and the indicated institution to deposit the designated amount above into my account or reverse transactions made in error. This authority will remain in effect until I give written notice of cancellation.

EMPLOYEE SIGNATURE: _____

DATE: _____