

SHOSHONE JOINT SCHOOL DISTRICT 312
61 EAST HIGHWAY 24
SHOSHONE, IDAHO 83352
(208) 886-2381

Robert Waite
Superintendent ext 312

Shannon Harris
Business Manager ext 311

Heather Wallace
District Clerk ext 310

Direct Deposit Authorization
For Employees

Name of Employee (last, first, middle initial)	Email Address:
Mailing address	Employer Name: <i>Shoshone School District No. 312</i>
<u>Name of Financial Institution:</u> _____	ACTION TO BE TAKEN
Routing Number: _____	<input type="checkbox"/> Start Direct Deposit
Account Number: _____	<input type="checkbox"/> Change of Financial Institution
Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>	<input type="checkbox"/> Change of Account Number
Telephone Number/Cell Number	<i>Signature</i>

Unless otherwise indicated above, I hereby authorize and request *Shoshone School District No. 312* to direct the net amount of my periodic pay for crediting to my account indicated, and I further authorize Wells Fargo Bank of Shoshone, Idaho to credit the same to such account.

This authorization will remain in effect until I initiate the required stop action prior to the 15th of said month as to allow my EMPLOYER a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with my EMPLOYER shall constitute sufficient authorization to terminate this agreement.

I agree to notify my EMPLOYER if I wish to change the designated FINANCIAL INSTITUTION or account, (or pertinent information contained herein) to which my net pay is to be direct deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my net pay.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

PLEASE NO DEPOSIT SLIPS – CHECKS ONLY!

Once you have completed this form, please forward it to the District Office.

We educate students to be lifelong learners and contributing citizens