DIRECT DEPOSIT

Bigfork School District P.O. Box 188 Bigfork, MT 59911

EMPLOYEE'S AUTHORIZATION —	Please fill out and return to the Payroll Department
my:	n listed below to initiate electronic credit adjustments for any credit entries in error to savings account
	n effect until I have cancelled it in writing.
	Date
Financial Institution	Name (please print)
Branch	Account Number at Financial Institution
City State	Signature
Transit Routing Number	Account Number Information

Attach Voided Check below: