

35 Crocker Avenue Turners Falls, MA 01376 tel 413-863-9324 fax 413-863-4560

Amanda Wright Business Office Manager	NEV	CHANGE
I hereby authorize Gill-Montague Regional S follows:	School District to direct deposit al	l or part of my payroll check as
1		
Banking Institution	Routing Number	Account Number
Deposit Amount	Checking	Savings
2		
Banking Institution	Routing Number	Account Number
 Deposit Amount	Checking	Savings
Please forward to the Payroll Departme three to four weeks.	nt with a Voided Check. Pro	cessing time of this request is
Also, you should know that direct deposit is makes errors. GMRSD is not responsible for them. In using direct deposit, you need to knot be available to you on your regularly sch	r these errors nor are we respon now that you are taking a risk, th	sible for the time it takes to correct at, on occasion, your funds may
Similarly, on occasion, in-house errors occur remittance. GMRSD is not responsible for a this instance, you are receiving funds, althou	ny over draft charges that you m	ay incur because of an error. In
Signature	Date	
Print Name		

Julie's Incredibly Stupendous MBPro:Users:juliemitchell:Desktop:Julie's Downloads:Direct Deposit Form 2017.doc 3/9/2017