

Newport Public Schools  
109 Old Fort Road  
Newport RI 02840

## BANK DIRECT DEPOSIT

City of Newport – School Account ID# 05-6000-260

*I hereby authorize the City of Newport, Rhode Island, to initiate credit entries to my checking and/or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. This direct deposit is to remain in effect until the Payroll Department receives written notification of its termination.*

**EMPLOYEE NAME:** \_\_\_\_\_ **ID #** \_\_\_\_\_

1.

<b>BANK NAME/STATE</b>	
<b>BANK TRANSIT # (9 digits)</b>	<b>Checking</b> ____ <b>Savings</b> ____
<b>BANK ACCOUNT #</b>	
<b>AMOUNT TO DEPOSIT</b> <b>Or full pay / remainder of pay</b>	\$

2.

<b>BANK NAME/STATE</b>	
<b>BANK TRANSIT # (9 digits)</b>	<b>Checking</b> ____ <b>Savings</b> ____
<b>BANK ACCOUNT #</b>	
<b>AMOUNT TO DEPOSIT</b> <b>Or full pay / remainder of pay</b>	\$

3.

<b>BANK NAME/STATE</b>	
<b>BANK TRANSIT # (9 digits)</b>	<b>Checking</b> ____ <b>Savings</b> ____
<b>BANK ACCOUNT #</b>	
<b>AMOUNT TO DEPOSIT</b> <b>Or full pay / remainder of pay</b>	\$

4.

<b>BANK NAME/STATE</b>	
<b>BANK TRANSIT # (9 digits)</b>	<b>Checking</b> ____ <b>Savings</b> ____
<b>BANK ACCOUNT #</b>	
<b>AMOUNT TO DEPOSIT</b> <b>Or full pay / remainder of pay</b>	\$

**\*\*PLEASE ATTACH A VOIDED CHECK\*\***

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**The Newport School Department does not guarantee that the monies will be in your account On the actual pay date. If this is inconvenient for you, please make other arrangements.**