



Millinocket School Department

P.O. Box 30

Millinocket, ME 04462

Francis N. Boynton, Superintendent

Phone: (207)723-6400 Fax: (207)447-6599

fboynton@emmm.org

The Millinocket School System in conjunction with the Town of Millinocket has mandated direct deposit for your payroll check. We will be offering 2 different depositories per employee. You will need to provide the information requested on the enclosed form(s). This will be for the entire amount of your payroll check.

Per contract, your payroll stub will be distributed each Thursday. This will ensure your deposit will be in the financial institution of your choice on Thursday morning.

In order to ensure your money is in the bank on Thursday, we will need to make adjustments regarding when time cards are turned in and the days over which your pay will be reflected.

Workweek:

M T W Th F

ALL time cards will be collected Friday noon. Please be aware if a time card is late & payroll has been processed, we cannot go back to redo the payroll for late cards. Should this happen, you will be paid in the next regular pay period.

Payroll will be processed between Friday & Monday.

Your 1st depository will probably be the bank where you have your checking and/or savings.

An example of a 2nd depository may be a loan at another financial institution.

You will need to contact your depository and find out what needs to be done on your end.

If you should need additional information, please feel free to stop by.

Dr. Kenneth Smith
Superintendent of Schools

Rebecca Merry
Bookkeeper

Michael B. Jewers
School Board Chair



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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Town of Millinocket

Name _____

Your employee ID Number _____

Phone Number _____

I (we) hereby authorize The Town of Millinocket, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____

Branch _____

City _____

State _____ Zip _____

Routing Account Number _____

Your Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Social Security Number _____

(Please Print)

Date _____

Signature _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.