



Section 1: Employee Information (To Be Completed By Employee)

Name of Employee:	Social Security Number:
Address: (Street, P.O. Box, APO/FPO)	Home Phone:
City: State: Zip Code:	Work Phone:
I certify that I have read, understand and hereby authorize my payment(s) to be electronically deposited with the financial institution named below, in the account designated below. I also understand that this authorization will remain in effect until the district has received a written notification from me stating that I wish for this and any future transactions to be terminated (<i>Use section 3 of this form to complete this action</i>), in such a time or manner that the district has the ability to act on it (<i>Prior to monthly payroll cutoff date</i>). If the funds are erroneously deposited into my account, I authorize the district to initiate debit entries, not to exceed the total of the original amount credited during the current pay period, to correct the error. I further understand that this transaction will occur, only after a pre-note authorization is received from the financial institution and normally takes 30 to 60 days.	
Signature: _____	Date: _____

Section 2: Financial Institution Certification (To Be Completed By Financial Institution)

Name of Financial Institution:	Deposit Entire Amount? <input type="radio"/> Yes <input type="radio"/> No If no please provide amount here ----->	Direct Deposit Amount:
Address of Financial Institution	City:	State: Zip Code:
Bank Routing Number:	Bank Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Institution Officer Name:	Institution Officer Phone Number:	Institution Officer Fax Number:
Institution Officer Signature: _____	Date: _____	

Section 3: Request for Cancellation of Direct Deposit (To Be Completed By Employee)

I, _____ hereby request, that my authorization for direct deposit be cancelled.	
Signature: _____	Date: _____

Section 4: Business Services Verification (To Be Completed By Payroll Department)

Name of Payroll Personnel Handling Request:	Action being taken: <input type="checkbox"/> Deposit Initiated <input type="checkbox"/> Deposit Cancelled
Signature: _____	Date: _____