

Payroll Direct Deposit Authorization Form

- You may have up to three different accounts for Direct Deposit.
- All new accounts are verified through a “pre-note process”.
- Forms **received in the Business Office** by the 1st of the month will be updated on the 2nd pay of the month.
- Forms **received in the Business Office** by the 15th of the month will be updated on 1st pay of the following month.

**If you are cancelling an account, please indicate if you want the cancellation immediately (with next pay) or when new accounts or changes are updated.

Authorization Agreement for Automatic Payroll Direct Deposit

ID # _____ Name _____ SSN _____
(last 4 digits only)

1. Financial Institution Name _____	<input type="checkbox"/> New Account
	<input type="checkbox"/> Change Account
Routing Number _____ Account Number _____	<input type="checkbox"/> Cancel Account **
(9 digits)	<input type="checkbox"/> Immediately
	<input type="checkbox"/> When new is complete
Account Type: Saving _____ Checking _____ Deposit Amount _____	
32 22	(Enter “Net” to deposit your entire payroll check)

2. Financial Institution Name _____	<input type="checkbox"/> New Account
	<input type="checkbox"/> Change Account
Routing Number _____ Account Number _____	<input type="checkbox"/> Cancel Account **
(9 digits)	<input type="checkbox"/> Immediately
	<input type="checkbox"/> When new is complete
Account Type: Saving _____ Checking _____ Deposit Amount _____	
32 22	(Enter “Net” to deposit your entire payroll check)

3. Financial Institution Name _____	<input type="checkbox"/> New Account
	<input type="checkbox"/> Change Account
Routing Number _____ Account Number _____	<input type="checkbox"/> Cancel Account **
(9 digits)	<input type="checkbox"/> Immediately
	<input type="checkbox"/> When new is complete
Account Type: Saving _____ Checking _____ Deposit Amount _____	
32 22	(Enter “Net” to deposit your entire payroll check)

Authorization

I hereby authorize East China School District to deposit my payroll earnings into the account (s) listed above and if necessary, debit entries or adjustments for any deposit made in error to my (our) account. I understand that the authorized enrollment/changes will become effective after the prenote is completed, and with the first pay period possible unless otherwise specified. This authority will remain in full force and effect until written notice from me has been received by the school district in such a manner as to afford reasonable time to act on it. My direct deposit acknowledgement should be sent to me at the email address listed below.

Signature _____ Date _____

Email address _____

PAYROLL USE ONLY: Prenote Date: _____ BITECH Change Date: _____