



• Complete this form and return it to the payroll department. **NOTE: This form must be in the Payroll Office 10 days prior to the pay date.**

- **Checking Account**-Include a voided (Cancelled) check from your checking account.
- **Savings Account**-Have your bank provide written documentation of your routing and bank number.
- **Pay Card Program**-Complete application/enrollment packet with the Payroll Department.

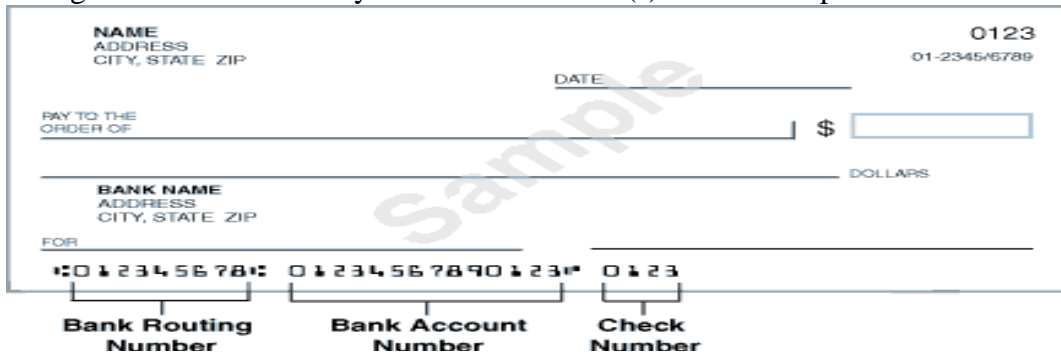
EMPLOYEE INFORMATION	
First Name	Date of Birth: (mm/dd/yyyy)
Last Name	Home Phone
SSN:	Email Address

Type: () New Authorization () Changes () Cancellation

Direct Deposit Accounts				
Bank Name	Transit/Routing Number	Account Number	Amount	(Circle One)
			\$	Checking or Savings
			\$	Checking or Savings
			\$	Checking or Savings
			\$	Checking or Savings

EMPLOYEE AUTHORIZATION AND ACKNOWLEDGEMENT

****We MUST have a copy of a voided check(s) or a letter from your financial institution providing the Bank or Credit Union routing/transit number with your account number(s) will be acceptable**



1. I hereby authorize Center School District to deposit my paycheck directly to my Account as indicated above each pay day. I permit Center School District to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account. The District has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the District by the financial institution.
2. **Do not close your account** until one whole pay cycle after completing and delivering to the Payroll Department a new Direct Deposit Form marked "Change" or "Cancel."
3. The Earnings Statement will be emailed to your home/work email. To view your earnings statement on the District Portal follow the path payroll and click "check history".
4. I hereby understand the information on this form and this authorization remains in effect until cancelled in writing by you, using a Direct Deposit Cancellation Request from.

Signature: _____

Date: _____