

CLAYSBURG-KIMMEL SCHOOL DISTRICT

Direct Deposit Authorization Agreement for Payroll and Vendor Payments

I hereby authorize Claysburg-Kimmel School District and the bank(s) listed below to deposit my net pay and/or vendor payment as indicated into my account(s) each pay date. If funds to which I am not entitled are deposited to my account, I authorize Claysburg-Kimmel School District to direct the bank to return said funds.

Employee Name *(please print)* _____

I wish to:

- (1) Add New Direct Deposit for Payroll and Vendor Payments.
(Vendor Payments are paid to Bank 1 only).
- (2) Begin Direct Deposit of Vendor Payments to Current Payroll Direct Deposit Bank.
(Chose this option if you currently have Direct Deposit for Paychecks. No need to add bank information, please sign, date and return form to the Business Office.)

Please note: Do not close or change an account until you cancel the direct deposit authorization for the account currently on file. Processing of your request may take up to two pay periods.

Bank #1 Name: _____

Bank Address (City,State,Zip) _____

Bank Routing (ABA) Number: _____

Account Number _____ Checking Savings *Net Pay _____

Bank #2 Name: _____

Bank Address (City,State,Zip) _____

Bank Routing (ABA) Number: _____

Account Number _____ Checking Savings *Amount \$ _____

This authorization is to remain in full force and effect until Claysburg-Kimmel School District has received written notification to terminate this agreement. This request will be effective with the next payroll that is administratively possible.

I understand it is my responsibility to notify Claysburg-Kimmel School District of any changes to my information in order to remain qualified for deposit. _____ *(initials)*

Employee Signature _____ Date _____

(Attach a voided blank check(s) as validation of the account information provided)

EXAMPLE



Return Completed Form to the Business Office