



DEPARTMENT OF EDUCATION

Financial Affairs - Payroll

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JUDITH T. WON PAT, Ed.D.
Superintendent of Education

DATE: _____

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____ EFFECTIVE PPE DATE: _____
SEE LAST PAYCHECK STUB (STARTING WHEN - NOT the pay check date)

SCHOOL/DIVISION: _____ LOCATION CODE: _____

FINANCIAL INSTITUTION: _____
(Name of **YOUR** Financial Institution-Bank, Credit Union, etc.)

BANK ROUTING # _____ ACCOUNT NUMBER: _____
(9-DIGIT NUMBER) (LESS THAN 15 DIGITS)

NOTE: YOU MUST ATTACH EITHER AN ORIGINAL PRE-ENCODED CHECK MARKED "VOID" FOR CHECKING ACCOUNTS OR A CERTIFICATION BY YOUR FINANCIAL INSTITUTION CONFIRMING THE BANK ROUTING NUMBER AND YOUR ACCOUNT NUMBER.

(SELECT ONE)

ACCOUNT TYPE: [] CHECKING [] SAVINGS

I. AUTHORIZATION FOR DIRECT DEPOSIT

() I hereby authorize the deposit of my entire **NET** payroll check (Check amount **AFTER** required deductions e.g. Tax, Retirement, FICA, Medical/Dental/Group Life Insurance Payments, etc.) into the bank account named above every pay period ending. I acknowledge that the start of this direct deposit to my account must comply with the provisions of U S. Law. I understand that these funds will be withdrawn from this account if the deposit is made in error.

AGENCY REPRESENTATIVE SIGNATURE

EMPLOYEE'S SIGNATURE