



DIRECT DEPOSIT AUTHORIZATION REQUEST

It is your responsibility to verify the Financial Institution and the account/routing number information is correct. If any information is incorrect, please contact the Payroll Department immediately. A pre-notification may be processed on the initial setup. If you do not provide direct deposit, a Rapid! PayCard will be assigned to you and will be available for pickup in the Payroll Department.

EMPLOYEE NAME: _____ SSN-Last 5 Digits Only: ____ - _____

ACCOUNT 1: DIRECT DEPOSIT SUREPAY

Action: Start Change Cancel Rapid! PayCard

Name of Financial Institution _____

Routing Transit # _____ Account Number _____

Checking **Savings** **Net Amount**

ACCOUNT 2: DIRECT DEPOSIT SET AMOUNT

Action: Start Change Cancel

Name of Financial Institution _____

Routing Transit # _____ Account Number _____

Checking **Savings** **I wish to deposit \$** _____ . _____

REQUIRED

Void Check or **Direct Deposit Set-Up Form** from the Financial Institution that shows the Financial Institution Name, Employee Name, Routing and Account number.



Routing Number Account Number

Complete and submit this form to the Payroll Department to process request.

Payroll Use Only
Input by: _____
Pre-note Pay Period: _____
Reviewed by: _____
Pre-note <i>removed</i> Pay Period: _____
Location: _____

I hereby authorize Phoenix Elementary School District No. 1 to initiate credit entries to my account listed on this form, and the depositor named herein to credit the same to such account. This authority is to remain in full force and effect until you have received written notification from me of its termination.

I understand that my participation in this program will be immediately terminated upon my notice of resignation or termination.

I understand that deposits made in error will be immediately reversed from such account.

I understand I am responsible for notifying the Payroll Department before the next "due in payroll" date, as listed on the fiscal year payday schedule, if the direct deposit information is incorrect or prior to my enacting any changes to such account.

Signature _____

Date _____