

SHALER AREA SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION FORM

Complete this form and return it to the Payroll Office with **either a voided check or a copy of a check for the account you want your pay deposited into.** This is needed for verification of financial institution information. If you want to use a savings account, please contact your financial institution for the routing and account number to use for a direct deposit. Deposit slips will not be accepted.

Please note that it usually takes one or two payroll cycles before this authorization takes effect. You will receive a direct deposit voucher with the same information as a paycheck stub.

Please check one: **new request** **change account information** **stop direct deposit**

I authorize you and the financial institution listed below to deposit the net amount of my Pay check into the following **PRIMARY** account:

The account is a **Checking Account** **Savings Account**

Bank/Financial Institution _____ Branch Office _____

Routing Number _____ Account Number _____

If you want to have a flat amount deposited into a second account, please complete the following:

I authorize you and the financial institution listed below to deposit a flat amount of \$ _____
From each pay to the following **SECONDARY** account:

The account is a **Checking Account** **Savings Account**

Bank/Financial Institution _____ Branch Office _____

Routing Number _____ Account Number _____

This authority will remain in effect until I send a written notice to the Payroll Office.

Date Employee's Name (please print) Signature

Social Security # _____