

We are very pleased to be able to offer the Direct Deposit program and encourage your participation. Following are some commonly asked questions about the program; if you have other questions, please contact our Payroll Coordinator.

Q. CAN I HAVE MY PAYCHECK DEPOSITED INTO ANY KIND OF ACCOUNT?

A. You can have your pay deposited to a checking or savings account at your participating bank, savings and loan, or credit union. Most financial institutions offer this service. But, if you're not sure whether your bank does, please contact your bank.

Q. HOW WILL I KEEP TRACK OF MY DEPOSITS?

A. It's easy to track your payroll deposits - you'll still get the pay stub that accompanies your present paycheck on payday. It details all earnings and deductions and shows how much was deposited to your account. Your bank also will show the deposit on your monthly statement.

Q. WHOM DO I CONTACT IF I HAVE A QUESTION ABOUT MY DEPOSIT?

A. Questions concerning electronic deposits, like any other deposits, should be directed to your bank.

Q. ONCE I SIGN UP, CAN I CHANGE BANKS OR ACCOUNTS?

A. Yes. You can make a change simply by contacting our Payroll Coordinator for a new authorization form. The Coordinator will discuss with you the timing of the change. (Depending upon the timing between your request and your pay periods, you may receive one or more physical paychecks before your new Direct Deposit arrangement takes effect.)

Q. HOW CAN I SIGN UP?

- A. *
- * Complete the authorization form.
 - * Attach a voided check (Checking) for the account you want credited.
 - * Send both to our Payroll Coordinator.

AUTHORIZATION AGREEMENT for DIRECT DEPOSIT of PAYROLL

I hereby authorize School District # 89 to initiate credit entries for payroll (and/or corrections to the previous credits) and the Financial Institution indicated below to credit and/or correct the amounts thereof to my:

Checking Account Savings Account Account Number _____

Financial Institution:

Name _____ City _____ St _____ Zip _____

Transit Routing Number _____ Employee Number _____

This authority is to remain in effect until Employer or Financial Institution has received written notification from me of its termination in such time and manner as to afford Employer or Financial Institution a reasonable opportunity to act on it, or until Employer or Financial Institution has sent me ten (10) days written notice of Employer's or Financial Institution's termination of this arrangement.

Name _____ Social Security Number _____

Signature _____ Date _____