



Direct Deposit Request Form

The School District will electronically deposit your payroll warrant into either your checking or savings account the morning of pay day.

Start

Change

Cancel

Your direct deposit will start two pay periods after enrollment. It is MANDATORY that we complete a pre-note process with the bank.

Please deliver to the Payroll Office. Emailed copies cannot be accepted.

*****Please attach a voided check here*****

YOUR NAME 678 Main Street Anywhere, MI 12345		123
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
_____		DOLLARS
9998888 777	00123456789	123
Routing Number	Account Number	Check Number

Name on your Account: _____ Employee ID: _____

<p align="center">1. Primary Bank Account</p> <p>Bank Name: _____</p> <p>Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Routing #: _____</p> <p>Account #: _____</p>	<p align="center">2. Voluntary Deduction* – CREDIT UNION ONLY</p> <p><input type="checkbox"/> Alliance CU <input type="checkbox"/> Commonwealth CU</p> <p><input type="checkbox"/> Provident Central CU <input type="checkbox"/> Santa Clara Cty Fed CU</p> <p>Flat Deposit Amount: _____</p> <p>*May take up to three business days for the funds to post.</p>
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By signing below, you are authorizing Alum Rock Union Elementary School District to direct deposit your payroll check. You are also authorizing them the right to instruct your financial institution to return funds that are deposited to your account in error. In addition, you authorize your financial institution to act on the request to return the funds to ARUSD. This authorization will remain in effect until ARUSD has received written notification from you to terminate and ARUSD and your financial institution have reasonable time to act.

Signature: _____

Date: _____