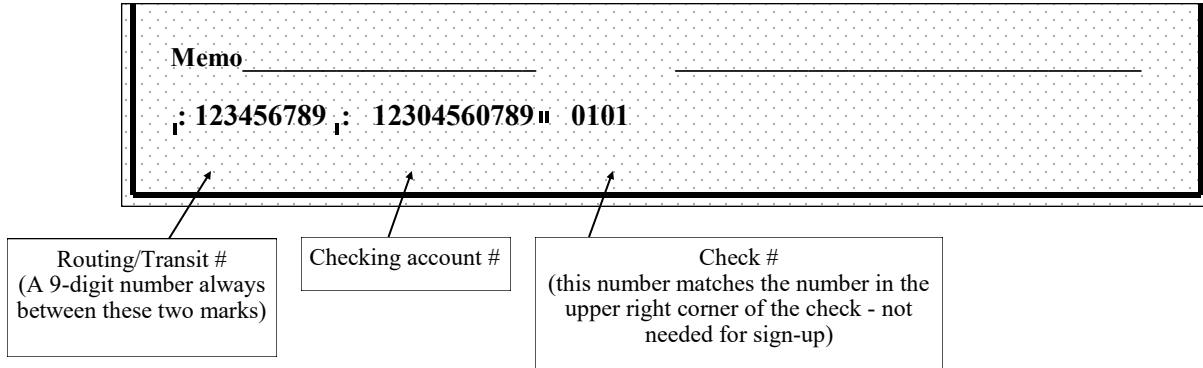


Plummer ~ Worley Joint School District No. 44  
**Employee Direct Deposit Authorization Form**

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**IMPORTANT! Please read and sign before completing and submitting.**

I hereby authorize PWJSD #44 to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by PWJSD #44 to my account. In the event that PWJSD #44 deposits funds erroneously into my account, I authorize PWJSD #44 to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until PWJSD #44 has received written notice from me of its termination in such time and in such manner as to afford PWJSD #44 and Bank reasonable opportunity to act on it.

Employee Name (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Account Information**

The last item must be for the remaining amount owed to you. Direct deposits are limited to three accounts.

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

**Attention Payroll Manager:** Employers must keep each original employee form on file as long as the employee is using FSDD, and two years thereafter.