



Pittsburg Community Schools

Unified School District 250

Direct Deposit Form

Employee ID# _____ Pre-Noted _____ Effective _____

Office Use Only Above This Line

revised 10/23/19

Direct Deposit Information

Employee Name _____

Depository Bank Name _____

Address of Bank _____
STREET CITY STATE ZIP

Routing ABA # _____

Account Number _____ Checking _____ Savings _____
(MARK ONE PLEASE)

Email Address for Paystub _____

NOTE: We will need this information no later than the 1st of the month, to be effective on that month's payroll.

The account number and bank ACH routing number must be electronically verified by payroll two weeks before we can transfer your pay.

If there is any change in your direct deposit account, you must notify us immediately to avoid any delay in receiving your pay. For changes to be effective during the summer months, they must be received in our office no later than June 1st. (This includes changes for June, July and August). If you resign from employment during the school year, be sure to leave your bank account open until you have received your last check from us.

This authorizes USD 250 Pittsburg Community Schools Board of Education (the Company) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Date

All Changes MUST be delivered by employee to the HR Department at the Bevan Education Center.

Authorization of Electronic File Transfer

Paystubs - W-2's - 1095 Forms

It is my request, and for my convenience, I, _____,
(Print First and Last Name)

hereby authorize **USD 250 Pittsburg Community Schools** and any representatives thereof to send payroll forms via email. **I understand that it will be sent to my district email address unless a different email is documented below.**

By checking this box I am authorizing to receive my paystub electronically by email.

By checking this box I am authorizing to receive my W-2/1095 electronically by email.

I consent to the provision of receiving my information in this manner. This authorized consent will be continuous until it is revoked by written request or termination of employment. In such cases this information will no longer be furnished in electronic form. I understand that this authorization may be revoked by me at any time by submitting a written request to the Human Resources Director no later than December 31st of any given year. By Accepting this Disclosure and Consent, I understand that I am able to download my monthly paystub, annual W-2 and 1095 statements from the email sent to me by utilizing the last four digits of my social security number.

Signature of Employee

Date Signed

Alternate email: _____
Print legibly to avoid delays

By checking this box I am refusing to receive my paystub electronically by email.

By checking this box I am refusing to receive my W-2/1095 electronically by email.

I also understand that by not consenting to electronic distribution that the paystub, W-2 and 1095 forms will be provided to me by mail to the address in the district personnel file. It is also noted that it is my responsibility to maintain accurate contact information on file at the Bevan Education Center through the Human Resources Department.

Signature of Employee

Date Signed

All Changes MUST be delivered by employee to the HR Department at the Bevan Education Center.