

# LIBERTY ELEMENTARY SCHOOL DISTRICT #25 DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM

### Direct Deposit Instructions

You now have the option of Direct Deposit to one account or to multiple accounts. Please complete your request for direct deposit as follows:

#### Examples Only:

If you want your entire direct deposit to go into one account (all fields required)

Bank Routing ABA (9 digit number)	Name of Financial Institution	Account Type Checking/Savings	Account #	Will be 100% of net pay
1. 122187238	Desert Schools FCU	Checking	10012121200	100%

If you want your earnings to be distributed to three different accounts (all fields required)

Bank Routing ABA (9 digit number)	Name of Financial Institution	Account Type Checking/Savings	Account #	Amount and %
1. 122187238	Desert Schools FCU	Checking	10012121200	Balance of Net
2. 122187238	Desert Schools FCU	Savings	10012121201	50.00
3. 122101706	Bank of America	Savings	00025465787	25.00

The first time you are paid after the Direct Deposit information has been input will be a pre-note cycle, and you will receive a live paycheck. The purpose of the pre-note cycle is to ensure the accuracy of the routing and account number. If there are no corrections to be made, the next time you are paid after the pre-note cycle your money should be directly deposited into the desired account(s). Any change to the Bank Routing # or the Account # requires the information to pre-note again, and you will receive a live check.

**PLEASE FILL IN ALL INFORMATION**

CHECK STUB	
Email	Paper

Choose One: New \_\_\_\_\_ Add \_\_\_\_\_ Change \_\_\_\_\_ Stop \_\_\_\_\_

Employee Name:

\_\_\_\_\_ Last Name First Name

Email Address:

\_\_\_\_\_

I hereby authorize Liberty School District #25/Maricopa County Superintendent of Schools Office to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account and the deposit names above, to credit and/or debit the same such account.

Employee's Signature

Date

Bank Routing ABA (9 digit number)	Name of Financial Institution	Account Type Checking/Savings	Account #	Amount or % of net pay
1				
2				
3				

**For Checking Accounts:** Please attach a Voided Check or Copy of Bank Account Identification (must show routing and account numbers.)

**For Savings Accounts:** Please attach a Copy of Bank Account Identification (must show routing and account numbers.)

PAYROLL USE ONLY	
Date Processed: _____	Processed By: _____
Effective Date of Pre-note: _____	