

Direct Deposit Form

Send Completed form to Payroll Office

- Please check one of the boxes below:

Start Direct Deposit* | Change Bank* | Change Acct. #* | Stop Direct Deposit* | Add Acct.**

** CANCELLATION OR CHANGE OF DIRECT DEPOSIT MUST BE IN TIME TO AFFORD ESD 105 OPPORTUNITY TO PROCESS. **

Note: Direct Deposit requests received after the 18th of the month will be processed as a warrant. Deposits will be effective the following month.

<u>Account Information</u>	
Bank Name: _____	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
Account #: _____	<input type="checkbox"/> 100% of net pay
Routing #: _____	

<u>Account Information</u> (Deduction)	
Bank Name: _____	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
Account #: _____	Amount to be Deducted:\$ _____
Routing #: _____	

<u>Account Information</u> (HSA Deduction)	
Bank Name: <u>HealthEquity</u>	
Account #: _____	Amount to be Deducted:\$ _____
Routing #: <u>121000248</u>	

I hereby authorize ESD 105 to automatically deposit my net pay to my account(s) as indicated above on each regular payday. If funds, to which I am not entitled to, are deposited, I authorize my bank to honor my employer’s instructions to refund any amount it has deposited into my account. This authorization will remain in effect until I have canceled it in writing. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of my EFT may be delayed or that my payment may be erroneously transferred electronically. I hereby hold ESD 105 and employees, harmless for any errors that might occur in the process of Electronic Funds Transfers. At no time will ESD 105 liable for any costs or damages which might occur as a result of this Agreement.

Employee Name: _____

Employee Signature: _____ Date: _____