



## Dexter Community Schools Direct Deposit/Payroll Debit Card Authorization

*Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.  
If you do not provide a written election, wages will be paid by Payroll Debit Card.*

### SECTION 1 BASIC INFORMATION

Employee name	SSN# (last 4 digits)	Effective Date
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### SECTION 2 PAYROLL ELECTION

Direct Deposit \_\_\_\_ total number of bank accounts elected for direct deposit *(Please complete Sections 3 and 5 below)*

- Payroll Debit Card *(Please complete Sections 4 and 5 below and review the following information regarding fees associated with the debit card : [Payroll Prepaid Debit Card Disclosure](#))*

### SECTION 3 DIRECT DEPOSIT

<b>A</b> <input type="checkbox"/> Add Bank Account <input type="checkbox"/> Revise Deposit Amount <b>C</b> <input type="checkbox"/> Delete Bank Account# <b>C</b> Bank Name: <b>O</b> <b>U</b> Routing#                      Account# <b>N</b> <b>T</b> Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <b>1</b> Amount \$                      OR <input type="checkbox"/> Entire Net Check	<b>A</b> <input type="checkbox"/> Add Bank Account <input type="checkbox"/> Revise Dollar Amount <b>C</b> <input type="checkbox"/> Delete Bank Account# <b>C</b> Bank Name: <b>O</b> <b>U</b> Routing#                      Account# <b>N</b> <b>T</b> Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <b>2</b> Amount \$                      OR <input type="checkbox"/> Entire Net Check
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- To help us avoid making an error, please attach a copy of a voided check.
- If you elect more than two different bank accounts for direct deposit, please complete an additional form.
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

### SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order for the Payroll and Benefits Office to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, Dexter Community Schools will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity. You may choose to enroll in additional services available through the financial institution, such as receiving paper statements, for which you may be charged a fee. Except for the routing and account number, Dexter Community Schools does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you may pick up your new Payroll Debit Card, and a packet containing all of the terms and conditions, from the Payroll and Benefits Office. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages. You should contact the financial institution with any questions, or if your Payroll Debit Card is lost or stolen.

#### CARDHOLDER INFORMATION *(as you want your Payroll Debit Card to be issued)*

First Name	M.I.	Last Name	Date of Birth
Street Address			Social Security#
City	State	Zip	Primary Phone

Amount \$                      OR     Entire Net Check

#### RECEIPT OF PAYROLL DEBIT CARD *(to be completed when you pick up your Payroll Debit Card)*

Payroll Debit Card Routing # <b>071004200</b>	Payroll Debit Card Account # <b>600</b>
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I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SECTION 5 AUTHORIZATION

I authorize Dexter Community Schools to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).

**Print Name:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return Direct Deposit/Payroll Debit Card Authorization Form to the Payroll & Benefits Office at Bates.

Employees have secure access to payroll "check stubs" through the eSuite employee portal [https://nweweb.wash.k12.mi.us/eSuite\\_Dexter/Websites.HR.Portals.Default.aspx](https://nweweb.wash.k12.mi.us/eSuite_Dexter/Websites.HR.Portals.Default.aspx)