

# Cumberland Regional School District

## DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME (PRINT): \_\_\_\_\_ SS #: \_\_\_\_\_

**IF YOU ARE AN ADJUNCT COACH, SUBSTITUTE, OR SUMMER WORKER, PROVIDE A HOME EMAIL ADDRESS BELOW:**

EMAIL ADDRESS: \_\_\_\_\_

- You must notify the Board Office immediately if you change your email address.
- You will have Personnel Portal access for 2 years after your employment ends.

**Authorization:** My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize the district to make direct deposits into the named account. I understand the timing of this authorization is as follows: 1) Ten (10) business days after the payroll department receives this form, the next payroll that is processed will be a bank test communication verifying the Routing/ABA # and Account #; 2) the next payroll after that will be the first official direct deposit into this account.

**Credit Union:** The credit union (CU) is considered the same as bank. However, if only a portion of your check is to be deposited with the CU, you must complete a Credit Union Membership Form and Credit Union Payroll Deduction Authorization Form. Both are available at your local CU.

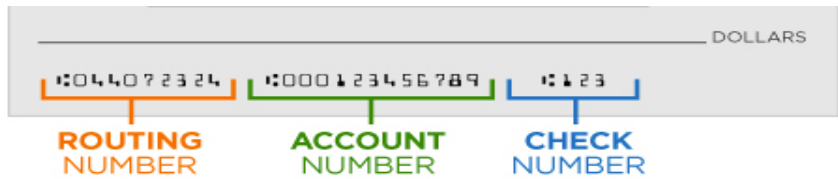
**Erroneous Deposit:** In the event the district notifies the Bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the district as soon as possible. If the refunds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the district is not possible, I authorize the district to recover those funds by setting off the amount erroneously paid me from any future payments from the district until the amount of the erroneous deposit has been recovered, in full.

**Closed Account:** I understand that in the event my financial institution is not able to deposit an electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

**Cancellation:** The district requires written notice at least ten (10) business days prior to the next payroll to change or cancel current authorization.

|                          |                                   |           |                                  |                   |
|--------------------------|-----------------------------------|-----------|----------------------------------|-------------------|
| ACCOUNT TYPE             | <input type="checkbox"/> Checking | <i>or</i> | <input type="checkbox"/> Savings | (select only one) |
| BANK NAME                | _____                             |           |                                  |                   |
| ADDRESS                  | _____                             |           |                                  |                   |
| CITY                     | _____                             | STATE     | _____                            | ZIP _____         |
| ROUTING/ABA # (9 DIGITS) | _____                             |           |                                  |                   |
| ACCOUNT #                | _____                             |           |                                  |                   |

**MUST** attach a voided check or print out containing both ABA # and Account # for this account.



\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

|                                     |                     |                                 |
|-------------------------------------|---------------------|---------------------------------|
| <i>For Business Office Use Only</i> | Date Received _____ | Date Submitted to Payroll _____ |
|-------------------------------------|---------------------|---------------------------------|