Direct Deposit Form

Authorization Agreement

I hereby authorize Douglas County School District (hereinafter "Employer") to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name _____ Last 4 digits of SSN _____

Employee Signature _____ Date _____

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You may choose to distribute your deposits to no more than 3 accounts. The last account listed must be for the remaining Net Amount owed to you. Make sure to indicate what kind of account, along with amount to be deposited, if less than your net paycheck.

- *ATTACH A VOIDED OR BANK PRINTOUT CHECK WHEN SUBMITTING THIS FORM TO PAYROLL*.
- This must be turned into Payroll by the 7th for the 15th payroll and the 20th for the 31st payroll.
- Your Direct Deposit Receipt will be securely emailed to you. You MUST provide your email address:_____
- Your Direct Deposit Receipt will be emailed from DoNotReply@dcsd.k12.nv.us. ***Your password to view the attachment is the LAST 4 DIGITS OF YOUR SSN.***

1. Bank Name/City/State _____

Routing # _____ Account # _____

I wish to deposit $ _____ or ☐ Entire Net Amount ☐ Checking ☐ Savings

2. Bank Name/City/State _____

Routing # _____ Account # _____

I wish to deposit $ _____ or ☐ Entire Net Amount ☐ Checking ☐ Savings

3. Bank Name/City/State _____

Routing # _____ Account # _____

I wish to deposit $ _____ or ☐ Entire Net Amount ☐Checking ☐ Savings