



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name: _____ Emp ID# _____

Please check one of the following: Begin Direct Deposit Change Information

Deposit Amount: Net Check OR \$ _____ Each Pay Period

I would like to receive my first paycheck: By Mail Pickup at Payroll Department

The numbers on the bottom of your check or on your savings account statement are used to electronically transfer your pay directly into your designated account.

Please check [✓] one account type to deposit your pay into:
(Separate form per each type)

Checking: **ATTACH A VOIDED CHECK OR PRINT OUT FROM BANK**

Savings: **ATTACH A COPY OF STATEMENT OR PRINT OUT FROM BANK**

I hereby authorize Pleasant Valley School District (PVSD) and/or their agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to the above account.

I UNDERSTAND:

- Direct deposit status is not activated until the month following a \$0 test transaction.
- I must submit a new authorization form if I change my account (name, branch, etc.).
- Direct deposit status may be temporarily suspended if my wages are garnished.

I AGREE:

- To hold harmless and indemnify PVSD and its officers and employees from any claim or demand of whatever nature for failure or delay in making deposits and/or correction to deposits as herein authorized.
- To pay all fees incurred because of failure on my part to notify PVSD of any changes in my account information that would result in a return of my deposit.
- To have PVSD direct deposit all employee reimbursements to your primary account.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization Agreement.

Employee's Signature _____ Date _____