

# EDEN PRAIRIE SCHOOLS ISD 272

## EMPLOYEE AUTHORIZATION

### PAYROLL DIRECT DEPOSIT

Complete Sections A, B, and C. Please allow at least 2 weeks for changes to take effect.

#### Section A: Employee Information (please print clearly)

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Last 4 digits of Soc. Sec. #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Section B: Account Information – DIRECT DEPOSIT IS MANDATORY.

\*\* For new/additional accounts, **attach a voided check for Checking accounts.**

\*\* For new/additional accounts, **attach a direct deposit authorization letter from your bank for Savings accounts.**

\*\* PLEASE NOTE: IF PROPER DOCUMENTATION IS NOT ATTACHED, YOUR DIRECT DEPOSIT REQUEST  
WILL BE DELAYED.

	Account Type	New	Change	Cancel	Name of Financial Institution	9-Digit Routing Number	Account Number	Dollar Amount, Percentage, or Remaining Balance	Effective Date
		(✓)	(✓)	(✓)					
1.	<input type="checkbox"/> Savings <input type="checkbox"/> Checking								
2.	<input type="checkbox"/> Savings <input type="checkbox"/> Checking								
3.	<input type="checkbox"/> Savings <input type="checkbox"/> Checking								
4.	<input type="checkbox"/> Savings <input type="checkbox"/> Checking								

#### Section C: Employee Authorization

I authorize Eden Prairie Schools to deposit my pay to the accounts indicated on the attached voided check(s)/photocopy or direct deposit bank letter; and I authorize the depository named on the attached to accept my payroll deposit and credit my accounts accordingly.

This authority is to remain in full force and effect until Eden Prairie Schools receives written notification from me of its termination in such time and manner as to afford Eden Prairie Schools a reasonable opportunity to act upon the change.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_