

PRINT EMPLOYEE NAME _____

Employee Personal email address _____

Note:

- Requests must allow sufficient time for processing and bank pre-notification, and will not be effective for your next pay date.
- Employee may select up to three separate accounts.
- Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation.
- This form overrides (replaces) all prior designations.

**ATTACH VOIDED CHECK OR DOCUMENTATION FROM FINANCIAL INSTITUTION
DIRECT DEPOSIT CANNOT BE PROCESSED WITHOUT THIS DOCUMENTATION**

IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts

Account #1 Checking Savings

Bank Name: _____

Bank Address _____

Routing # _____ Account # _____

Requested amount for this account : (select one) Dollar Amount \$ _____ Entire Balance _____

Account #2 Checking Savings

Bank Name: _____

Bank Address _____

Routing # _____ Account # _____

Requested amount for this account : (select one) Dollar Amount \$ _____ Entire Balance _____

Account #3 Checking Savings

Bank Name: _____

Bank Address _____

Routing # _____ Account # _____

Requested amount for this account : (select one) Dollar Amount \$ _____ Entire Balance _____

Authorization Agreement: I hereby authorize the Park Ridge School District to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and Park Ridge School District to make the appropriate adjustment(s).

Employee
Signature _____

Date _____