

## GAPS DIRECT DEPOSIT AUTHORIZATION

**Employee Name:** \_\_\_\_\_ **SSN: Last 4 digits** \_\_\_\_\_

Direct Deposit is required for employment with Greater Albany Public SD. By completing this form you are authorizing the Greater Albany Public SD and its representatives to automatically deposit your net pay, and/or any other non-payroll reimbursement to the account listed below.

**Please notify the Payroll Department immediately if you close your account or make any change to bank or account information.**

Forms received by the 15<sup>th</sup> of the month will be processed for the next scheduled payroll. In cases of deposits (or attempted deposits) made to a closed account, Greater Albany Public SD must receive the funds back from the financial institution before a replacement check can be issued. This may take several days. Any loss or charges due to you not supplying the district with timely change information will be your responsibility.

☐ Checking Account

☐ Savings Account

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**