

SOUTH LANE SCHOOL DISTRICT DIRECT DEPOSIT FORM

Please PRINT or TYPE

Employee Name	SSN
Last Name First Name MI	— —
Home Address	Home Phone ()
Email Address	
Occupation	Location

PAYROLL DIRECT DEPOSIT OPTION(S)

**You MUST ATTACH a photocopy of a blank check,
OR a voided check, showing
account number and routing number for EACH option selected below**

Option	Add	
1	Change	
	Cancel	

PRIMARY Financial Institution Name:	Account Number:		Checking <input type="checkbox"/>	
			Savings <input type="checkbox"/>	

ALL NET PAY WILL BE DEPOSITED -- NO DOLLAR AMOUNT NEEDED

I hereby authorize South Lane School District to directly deposit into the Financial Institution account number(s) listed above, as well as authorize the Institution(s) to post the pay to the above listed account(s). I authorize South Lane School District to initiate debit entries to above designated account(s) as may be necessary to correct erroneous credit entries and authorize the listed Financial Institution(s) to subtract such entries from the above designated account(s).

This agreement is effective on the next payroll processing after the signature date below and will remain in force until South Lane School District receives notice of change or cancellation from me. Any notice of cancellation must be received by South Lane School District in such a manner as to afford South Lane School District reasonable opportunity to act on it.

I understand and approve the authorization(s) or cancellation(s) as indicated above.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Upon initial set up of direct deposit, there is a period of time needed for bank processing and to make assurances that deposits will be transmitted to the correct account.

This means that an employee's first check will be issued by paper check and the second check will be issued through direct deposit to the account indicated above.