



**Union County School District
Authorization for Direct Deposit of Net Pay**

PRINT - Employee Name

Date

Social Security Number

I hereby authorize Union County Schools to deposit my net pay with the institution below for credit to my account and understand that this authorization will remain in effect throughout my employment unless cancelled by Union County Schools due to unusual circumstances only. These circumstances may include, but are not limited to, tax levies and court ordered deductions. Direct deposit is mandatory for all employees January 1, 2010. ***I have read and understand the regulations below on this form regarding electronic funds transfer and agree to abide by the same.***

Full name and address of Financial Institution

\$ Amount (if applicable)

Account Number

Transit/ABA# (leave blank)

Full name and address of Financial Institution

\$ Amount (if applicable)

Account Number

Transit/ABA# (leave blank)

Employee Signature

By the signature above, I authorize Union County School District (District) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for my credit entries in error to my account as indicated on form and the financial institution named above, to credit and/or debit the same to such account.

**ATTACH VOIDED CHECK
IF NOT A CHECKING ACCOUNT, AN OFFICIAL DOCUMENT INDICATING NAME, ACCOUNT NUMBER & ROUTING NUMBER.
NO DEPOSIT SLIPS (many of these do not have needed routing numbers)**

1. "Financial Institution" as used on this form means the employee's bank, savings & loan, credit union, or similar establishment.
2. The payroll deposit authorized by the employee's signature on this form is accomplished by electronic funds transfer and is covered by a number of regulations designed to safeguard the integrity of the employee's account. The funds deposited will be available to the employee for withdrawal by all usual means on the morning of the scheduled District payday.
3. The District assumes no responsibility for any relationship between the employee and his/her financial institution, except to accurately provide the employee's account number as given above, with the deposit to the financial institution(s) involved.
4. Any and all account changes and cancellations must be in writing by completing a new authorization form. An employee may not completely cancel participation in Direct Deposit.

RETURN ALL COMPLETED FORMS TO - DISTRICT OFFICE PAYROLL