North Lawrence Community Schools

Payroll Direct Deposit Authorization

START (New Enrollment)	CHANGE	CANCEL

NOTE: ALLOW TWO PAYROLL CYCLES FOR NEW ENROLLMENTS AND CHANGES TO TAKE EFFECT

(Please Print)

Last Name	First Name	M.I.	Social Security Number

THE FOLLOWING DOCUMENTATION MUST BE ATTACHED FOR EACH ACCOUNT LISTED IN ORDER TO PROCESS THIS AUTHORIZATION:

***CHECKING* - VOIDED CHECK OR FINANCIAL INSTITUTION CERTIFICATION FORM (No Deposit Slips or Starter Checks Accepted)**

***SAVINGS* - DEPOSIT TICKET OR FINANCIAL INSTITUTION CERTIFICATION FORM**

(Note: If needed, Financial Institution Certification forms may be obtained from your building secretary or the Business Office.)

Instructions:

Deposit into One Account: Fill in the primary account line only. No amount is necessary since the entire net pay will be deposited into the primary account.

Deposits into Multiple Financial Institutions and/or Accounts: Enter the flat amounts in account lines 2-5 accordingly, depending on the number of financial institutions and/or accounts you want to use. Completion of the primary account line is also required for the proper deposit of the remaining (excess) amount of net pay. If at any time the total net pay amount is insufficient to support the total of lines 2-5, the entire net pay will be deposited into the primary account.

Account(s)	Financial Institution Name (Include city, state, phone if out of town)	Routing # (Nine Digits)	Account # (Include all zeroes)	Type (Check one type per line)	Amount
Primary Account (Required)				Checking Savings	Entire Net or Excess
Account #2 (Optional)				Checking Savings	
Account #3 (Optional)				Checking Savings	
Account #4 (Optional)				Checking Savings	

Attach voided check(s) or documentation here

I AUTHORIZE DIRECT DEPOSIT INTO THE ACCOUNT(S) LISTED ABOVE. I FURTHER AGREE TO THE FOLLOWING CONDITIONS:

1. North Lawrence Community Schools reserves the right to recall or adjust any deposits improperly created and deposited into my account(s).
2. I authorize the financial institution to honor any recall/adjustment request made by the North Lawrence Community Schools.
3. This authorization is to remain in full force and effect until either I revoke it by giving at least 30 days prior written notice to the North Lawrence Community Schools' payroll department, or, upon a long period of inactivity or termination of my employment.
4. North Lawrence Community Schools reserves the right on any payday to issue a regular paycheck and make no direct deposit for that payday and resume direct deposit on the next possible payday.
5. I understand that the North Lawrence Community Schools may terminate this service at any time.
6. I further understand that it will be my responsibility to contact the North Lawrence Community Schools' payroll department prior to making changes in my account(s), i.e., closing account, changing financial institutions, etc. Any changes may take up to two payroll cycles to process.
7. I understand that the direct deposit process will work best by changing any current credit union deductions to direct deposit. (This would require canceling current credit union deductions at the time of implementation.)

Employee Signature: _____ Date: _____

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS