

Direct Deposit Employee Sign-up Form

Direct Deposit is a program by which your pay is automatically deposited into your checking or savings accounts. You do not need to worry about finding time to deposit your check or making special arrangements for your paycheck when you are out of town or sick. With Direct Deposit, your money is in your account on payday.

Your pay information will be documented in the employee portal or if you are part time, a pay stub will be issued to you on the scheduled payday. In addition, your monthly statement from your financial institution will provide a record of the deposits made to your account.

The first transaction will be a Pre-Note. You will still receive a check this one time only, all the Direct Deposit information will be routed to the bank. You will want to check with your bank to make sure all the information is correct. Program termination may be done with written notification.

Please provide a sample voided check or deposit ticket with this form. Some financial institutions have a different Trans/ABA number for direct deposit. If so, please provide that number in the space below and note that it is different than the sample check.

I hereby authorize Rising Sun-Ohio County Community School Corporation to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking and/or Savings account as marked below and depository named below, to credit and/or debit the same to such account.

Bank Name _____ **Checking** _____ **Saving** _____

Transit/ABA No. _____ **Account No.** _____ **(Primary)**

Bank Name _____ **(if different then above)** **Checking** _____ **Saving** _____

Transit/ABA No. _____ **Account No.** _____ **Amount** _____

Bank Name _____ **(if different then above)** **Checking** _____ **Saving** _____

Transit/ABA No. _____ **Account No.** _____ **Amount** _____

Bank Name _____ **(if different then above)** **Checking** _____ **Saving** _____

Transit/ABA No. _____ **Account No.** _____ **Amount** _____

This authority is to remain in full force and effect until Rising Sun-Ohio County Community School Corporation has received written notification from me of its termination in such time and in such manner as to afford Rising Sun-Ohio County Community School Corporation and the Depository a reasonable opportunity to act on it.

Print Name: _____ **Date:** _____

Signature: _____

I wish to terminate enrollment at this time (Signed) _____ (date) _____