



Direct Deposit Authorization

Employee Name: _____

SSN (last four digits): XX-XXX-_____ Phone number: _____

You may choose a maximum of two (2) accounts/banks/credit unions in which to direct deposit, one of which **must** be your net check.

Specify ***all*** direct deposit information, including any current bank/credit union direct deposits you wish to continue. To stop a direct deposit please check "STOP".

Net Check

Name of Banking Institution: _____

Routing Number (9 digits): _____

Account Number: _____ Amount: \$ _____

Type of Account (choose one): ☐ Checking ☐ Savings ☐ STOP Deductions from this account

Complete this section only if you'd like to have funds direct deposited into a second banking institute.

Optional Flat Deduction

Name of Banking Institution: _____

Routing Number (9 digits): _____

Account Number: _____ Amount: \$ _____

Type of Account (choose one): ☐ Checking ☐ Savings ☐ STOP Deductions from this account

Please note: If funds sent to your banking institute are to be split into several accounts *under the same account*, you must notify the bank/credit union how you want the funds split.

I hereby authorize Southgate Community School District (SCSD) to deposit my entire pay automatically into the account(s) specified above. This authorization also allows SCSD to adjust entries to correct errors. It is agreed that these deposits and adjustments may be made electronically and under the rules of the National Clearinghouse Association.

This authorization shall remain in effect until written notice of termination is given to SCSD.

I understand that as part of this authorization, I must attach a voided check for verification of all financial information. If unable to provide a voided check, I will provide a letter from my banking institution stating the routing and account numbers for the specific account(s) above.

Signature: _____

Date: _____

New hires – Return this form to HR with your new hire paperwork.
Existing employees – Return this form to payroll.