

PARK HILL SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Park Hill School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Park Hill School District has debited the same to such account. This authority is to remain in full force and effect until Park Hill School District has received written notification from me of its termination in such time and in such manner as to afford Park Hill School District and Depository a reasonable opportunity to act on it.

CHECK ONE:

I am not currently participating in the Direct Deposit Program

ADD - Deposit my pay to the account shown.

Due to the time required for Park Hill School District and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the addition can be processed.

I am currently participating in the Direct Deposit Program

CHANGE – Change financial institutions and/or account number.

For Office use only:	
Employee #	_____
Category	_____

Due to the time required for Park Hill School District processing, DO NOT CANCEL YOUR OLD ACCOUNT WITHOUT CONTACTING PAYROLL FIRST. FAILURE TO DO SO WILL RESULT IN A FEE OF \$25.00 TO ISSUE A NEW PAY CHECK.

IMPORTANT!!!
TAPE YOUR VOIDED CHECK HERE
YOUR DEPOSIT TICKET WILL NOT BE ACCEPTED

Is this a checking or savings account? Checking _____ OR Savings _____

Signature _____

Date _____

SS# _____

Position _____

Print Name _____

Location _____

Questions???? Call Payroll at 816-359-4023