

RIVERVIEW GARDENS SCHOOL DISTRICT

MANDATORY DIRECT DEPOSIT ENROLLMENT FORM

1 ATTACH VOIDED CHECK HERE OR A PRINTOUT OF (ACH) ROUTING NUMBER AND ACCOUNT NUMBER

2 Name of Financial Institution: _____

3 This account is (check one)

CHECKING ACCOUNT

SAVINGS ACCOUNT

PAY CARD

4 I am submitting this form because I have: (Check all that apply)

Enrolling in Direct Deposit

Want _____ of my paycheck to go into a second account each pay

Opened new account

Changed Banks

5 Employee Name: _____ Phone: _____

(Please Print Clearly)

Employee ID# OR last 4 digits of SS#: _____ DOB: ____ / ____ / ____

Current home address: _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the School District of Riverview Gardens to deposit net earnings into my account identified and held and the Financial Institution named above. I understand that all entries initiated are governed by the rules of the American Clearinghouse Association, and I am bound by those rules. I also understand that this authorization allows the District to initiate a reversal entry to my account in the event that an error occurs.

RETURN FORM TO PAYROLL DEPARTMENT, OR FAX COMPLETED FORM TO 314-388-6001

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
Entered by:	Date:
Employee ID:	