

DIRECT DEPOSIT REQUEST
EAST BUCHANAN COMMUNITY SCHOOL DISTRICT

Employee Name:

Type of Account: (Choose Only One) Checking Savings

Employee Bank Name:

Employee Bank Address:

Employee Bank Phone Number:

Employee Bank Account Number:

Employee Bank Routing Number:

Funds will be accessible to employee on the morning of the 20th each month. If the 20th falls on a holiday, Saturday, or Sunday, the employee will be able to access the funds on the morning of the day before the holiday or the Friday preceeding the 20th. Employees using this option for payroll compensation will receive a statement from the district indicating the particulars of their monthly payroll information.

The East Buchanan Community School District shall be entitled to rely on any information provided by the employee regarding his/her account information believed to be in good faith, genuine and to have been signed by the employee. The East Buchanan Community School District assumes no responsibility for transfer problems caused by erroneous information provided to the district by the employee.

All communication between the employee and the East Buchanan Community School District concerning direct deposit information shall be in the form of a written notice.

EMPLOYEE AUTHORIZATION

I wish to participate in the East Buchanan Community School District's Direct Deposit Payroll option. I understand my monthly payroll compensation will be electronically transmitted to my personal bank account in accordance with the information provided above. I reserve the right to cancel or change this agreement at any time by providing the district with written notice by the 1st of the month the change will take place.

I have attached a voided check or deposit slip with this form for account verification information.

Employee Signature

Date