SPRINGTOWN ISD DIRECT DEPOSIT ENROLLMENT FORM

__ NEW __ CANCELLATION __ MODIFICATION __ ADDITIONAL DISTRIBUTION

To enroll in Direct Deposit, simply fill this form and return to your payroll office. Your direct deposit will go into effect one to two pay periods following submission of this form.

Below is a sample check MICR line detailing where you can find the information you will need to complete this form. If depositing to a savings account, please confirm the Routing/Transit number with your Financial Institution as the number can differ from what is on your deposit slip. Please provide a voided check or deposit slip for verification.

ATTACH VOIDED CHECK

Memo _____ _____

|: 012345678|: 123456789 ||: 0101

Routing/transit # (9-Digit number always between these two arks)

Checking Account #

Check # (This number matches the number in the upper right corner of the check – not needed for Direct Deposit.)

ACCOUNT INFORMATION

You may elect to have your pay distributed into a maximum of three accounts, which may be at the same or different Financial Institutions. If distributing to only one account you must mark the "Entire Net Amount" box. If distributing to multiple accounts, you must designate one amount to accept the "Entire Net Amount." Deposits to remaining accounts must be represented as fixed dollar amounts only.

1. Name of Financial Institution _____
   City/State _____
   Routing/Transit # __ __ __ __ __ __ __ __ __ Account Number_____
   __ Checking __ Savings __ Other-I wish to deposit: $_____.____ or __Entire Net Amount

2. Name of Financial Institution _____
   City/State _____
   Routing/Transit # __ __ __ __ __ __ __ __ __ Account Number_____
   __ Checking __ Savings __ Other-I wish to deposit: $_____.____ or __Entire Net Amount

3. Name of Financial Institution _____
   City/State _____
   Routing/Transit # __ __ __ __ __ __ __ __ __ Account Number_____
   __ Checking __ Savings __ Other-I wish to deposit: $_____.____ or __Entire Net Amount

I hereby authorize Springtown ISD to deposit any amounts owed me by initiating credit entries to my account(s) at the Financial Institution(s) indicated to accept and to credit entries indicated by Springtown ISD to my account(s). In the event that Springtown ISD deposits funds in error into my account(s), I authorize Springtown ISD to debit my account(s) for an amount not to exceed the original amount of the credit. I also understand that management of my bank account(s) is my responsibility. Springtown ISD assumes no responsibility for overdrawn accounts and/or service charges assessed for overdrawn accounts due to delays in processing. It is my responsibility to verify account balances and validate deposit information before writing checks.

Employee Name _____SS# __ __ __ - __ __ - __ __ __ __

Employee Signature _____Date _____