

REDMOND SCHOOL DISTRICT 2J

DIRECT DEPOSIT AUTHORIZATION

Please complete the information below and return this form to the Payroll Department at the District Office.

- ✓ Please attach a **VOIDED CHECK** or a **LETTER FROM YOUR BANK** for verification of all financial institution information.
- ✓ Please sign and date the form.
- ✓ If sending via District Mail, please put in a sealed envelope as well as an interoffice envelope.
- ✓ **Direct Deposit changes must be received at least 10 days prior to the desired effective date.**

Employee Name		Contact email/phone	
Financial Institution	Amount	Account Type	Action Type
	Net Pay (Primary Account)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel
	\$ _____ (Second Account)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel

I hereby authorize **REDMOND SCHOOL DISTRICT 2J** to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.

This authority is to remain in full force and effect until cancelled by (a) me, in writing; (b) my death or legal incapacity; (c) the financial institution; (d) Redmond School District; or (e) upon separation.

I also understand that the REDMOND SCHOOL DISTRICT 2J will email my direct deposit voucher (paystub) to my district email. If I wish to opt out of receiving my direct deposit voucher by email, I must submit a completed Opt Out form to the payroll department.

Employee Signature	Date
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