

Authorization for Direct Deposit of Payroll

Name: (Last, First, MI) _____

Social Security Number: _____

Effective Date: As Soon As Possible
 Future Pay Date: _____

Phone Number: _____

E-Mail Address: _____

Primary Account | This is where your entire paycheck or the balance is deposited after the % or \$ amount is deducted from the second and third accounts listed below.

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: _____ Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____ Financial Institute Contact Number: _____	NET PAY
----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------

Second Account | Optional

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: _____ Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____ Financial Institute Contact Number: _____	% OR \$ OF NET DISTRIBUTION
----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Third Account | Optional

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: _____ Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____ Financial Institute Contact Number: _____	% OR \$ OF NET DISTRIBUTION
----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Read statement carefully: I authorize the Littleton School District to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the District to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the District at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to the District for distribution. This will delay your check. I also understand that, if I have been assigned a Littleton School District e-mail address, my payroll voucher will be sent to that address. I further understand that I am responsible for checking the accuracy of my check and all applicable deductions on a regular basis.

Employee Signature: _____

Date: _____