

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH TRANSFERS)

Please read and authorize the following:

- Deposits to saving and/or checking accounts will begin with the **second pay period after the change is processed.** (A pre-notification period is required for the receiving bank to verify the accuracy of the information submitted.)
- Any future change to your direct deposit accounts(s) may result in a payroll check (rather than a direct deposit pay stub) being drawn for at least one pay period.
- Please notify the Payroll Clerk in writing and **IN ADVANCE** (at least 7 working days before the actual pay date) when an account currently receiving a direct deposit is going to be closed.
- It is extremely important that you ensure receipt of either a payroll check or direct deposit stub during the pay period following any change to your direct deposit accounts.
- Upon leaving the school district, employee's direct deposits will be cancelled and final payment will be made in the form of a check.
- Keep a copy of this form for your personal records.

I have read and understand the above information and I hereby authorize the Hartford School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my accounts(s) listed below. This authority is to remain in effect until the Hartford School District Payroll Clerk receives written notification from me of its termination in such time as to afford the Employer and the Financial Institution a reasonable opportunity to act on it.

NAME: _____ EMAIL: _____
Please Print Name Where you would like your advice slip emailed.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____
We need signatures of all names on the bank account before we can process this request.

This agreement may be voided at anytime at the discretion of the Hartford School District.

MAXIMUM OF THREE DIRECT DEPOSIT ACCOUNTS

Please attach a voided check (or copy) and/or savings statement to verify account numbers. This form will be returned if all necessary information is not completed or if form is not signed and dated.

Financial Institution (include mailing address)	Transit Number	Amount to be deposited	Account Number	Type of Account

Please return this form to Payroll Clerk, Superintendent's Office