

# Payroll Direct Deposit Authorization



# Valparaiso Community Schools

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Position: \_\_\_\_\_

Location: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

**The first check you receive will be a paper paycheck, which will be mailed to your home address.**

If you would like to pick up your first paycheck at the Administration Office, please **INITIAL HERE** \_\_\_\_\_ Once your account(s) have been verified and, if the financial institution information you provided is correct, your subsequent pays will be directly deposited into the account(s) you have authorized.

**Changing or closing an account:** It is **imperative** that you notify the Payroll Department prior to closing an account. If your bank notifies you of any changes in routing numbers or your account number, you **must** notify Payroll immediately. If you change, add delete an account, you must submit a new form identifying how your entire pay is to be deposited. Failure to notify Payroll of account number changes could result in a delay in paying you.

To sign up to have your pay direct deposited into **ONE account only:**

- Complete Box 1 (PRIMARY ACCOUNT) only if you want 100% of your pay to go to this account.

To sign up to have your pay direct deposited into **TWO or MORE accounts:**

- Complete boxes 2 and/or 3 for each account into which you want to deposit a specific amount. Use even dollar amounts only, do not use cents.
- Complete box 1 (PRIMARY ACCOUNT) for the account into which you would like the balance of your check deposited.

**For Checking Accounts:** please attach a voided check or bank confirmation to this form.

**For Savings Accounts:** contact your financial institution and ask for a Routing/Transit number and your account number to be used for ACH/Direct Deposit purposes.

Type of Transaction (check one):  New  Change  Cancel

<b>B O X 1</b>	<b>PRIMARY ACCOUNT</b> Select Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount _____
	Routing Number: _____ Account Number _____
	Name and address of Financial Institution: _____ _____

Type of Transaction (check one):  New  Change  Cancel

<b>B O X 2</b>	<b>ACCOUNT #2</b> Select Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount _____
	Routing Number: _____ Account Number _____
	Name and address of Financial Institution: _____ _____

Type of Transaction (check one):  New  Change  Cancel

<b>B O X 3</b>	<b>ACCOUNT #3</b> Select Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount _____
	Routing Number: _____ Account Number _____
	Name and address of Financial Institution: _____ _____

I have authorized VCS and the Financial Institution(s) listed above to initiate electronic credit entries to my account(s)

Employee Signature: \_\_\_\_\_