

DIRECT DEPOSIT AUTHORIZATION

Happy Valley School District

NEW REQUEST

EFFECTIVE DATE: _____

NAME CHANGE

ACCOUNT NUMBER CHANGE

For checking account deposits, please attach a voided check.

For savings account deposits, we need the account ID number and transit routing number. Please contact your financial institution if you need help finding those numbers. Any missing or incorrect information will cause delays in enrollment.

In most instances, your authorization for EFT/Direct Deposit, will be activated after at least one full pay cycle to allow for a TEST payroll period. During this time you will continue to receive your paycheck as you normally would. Supplemental pay is not eligible for direct deposit.

AUTHORIZATION

PLEASE PRINT OR TYPE

SELECT ONE: CHECKING _____ (acct. number)

SAVINGS _____ (acct. & transit number)

Name of Payee: _____

Social Security Number: _____

Mailing Address: _____

Name of Financial Institution: _____

Branch address and phone number: _____

I authorize Happy Valley School District to initiate accounting transactions to deposit my net pay directly into the account indicated above and to correct any errors which may occur from these transactions. I also authorize the financial institution to post these transactions to the account. This authorization is to remain in force until the Happy Valley School District receives written notice from me to cancel or change this authorization.

Signature

Date

CANCELLATION EFFECTIVE DATE: _____

I hereby cancel the authorization for the Happy Valley School District to initiate direct deposits into my checking/savings account(s).

Signature

Date