

To: Employee
From: Business Office
Date: Current
Subject: *Electronic Direct Payroll Deposit*

All employee (including hourly or daily) salary payments will be automatically deposited to the employee's local bank, savings institution, or credit union per Policy 7330P.

First time users of this service will have a month waiting period for us to verify bank account number, and employee account number before you are on electronically. A regular paycheck will be issued the first month. On the second month your check will be done electronically, and you will receive an earning statement (an itemized pay stub of earnings and deductions).

This service will provide faster transfer of your paycheck to your account at the bank of your choice. You will no longer have to fear losing your paycheck through the mail or having overdrafts while your paycheck is delayed because the bank has not yet received it.

We believe this service will:

- ❖ Save trips to the bank and long lines
- ❖ Eliminate chance of stolen, lost, or forged check
- ❖ Have your money deposited faster, reducing overdraft possibility
- ❖ Have your money deposited to your account even when you're on vacation, out-of-town, or unable to pick up your paycheck in person

We are pleased to provide this service to you. Any questions, please call 865-4455, Business Manager.

AUTHORIZATION FOR MANDATORY ELECTRONIC PAYROLL DEPOSIT

Policy #7330P

I hereby authorize the Toppenish School District #202 to deposit electronically to my account at the bank/credit union establishment listed below, my monthly salary. It is understood that I can change my local bank, savings institution, or credit union by advance written notice **no later than the 9th of the month.**

Electronic payroll deposit changes must be in by the 9th of the month to be effective by the second month. The first month is the pre-note period to verify bank/credit union account number prior to deposit.

Toppenish School District #202 is not liable for issues caused by lack of timely notification on changed accounts, or closed accounts.

BANK/CREDIT UNION NAME _____

ADDRESS/BRANCH _____

ACCOUNT NUMBER _____

(PLEASE PRINT CLEARLY)

Funds may be placed in only ONE account. Please check one only.

CHECKING

SAVINGS

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

ATTACH VOIDED CHECK (NO DEPOSIT TICKETS)

OR SAVING DEPOSIT SLIP HERE