**AUTHORIZATION FORM**

**DIRECT DEPOSIT OF PAYROLL**

Name SSN#

 Last First MI

Check Applicable Election:

 New Participant. (Complete and sign this form)

 Change of accounts and/or financial institution. (Complete and sign this form.)

**If a new participant or changing financial institutions and/or accounts, your pay will generally be direct deposited the second pay period after the change is requested.**

Financial Institution Name:

Financial Institution Address:

Account #: Routing #:

Account type: Checking Savings Amount: $

**PLEASE ATTACH A VOIDED CHECK FOR VERIFICATIONOF FINANCIAL INSTITUTION ACCOUNT INFORMATION.**

AUTHORIZATION STATEMENT:

I hereby authorize Crest Ridge School District and the financial institution above to deposit my pay electronically to my account each pay period. This authority will remain in effect until I have signed a new authorization, upon cancellation of participation or upon termination of employment. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law.

Signature Date