

Parkers Chapel School District Policies and Guidelines Concerning Payroll Direct Deposit

1. All of your check will be deposited into your "single" checking or savings account. No partial check deposits or split deposits into more than one account will be allowed.
2. Direct deposit will be offered on a school year basis for enrollment or cancellation. Deadline will be the last day of May of each year. Late applications will be denied until the next school year. New hires during the school or calendar year may select direct deposit provided authorization forms are completed within ten (10) days of date of hire.
3. No fees will be charged for this service at this time. You will be notified thirty (30) days in advance of any change regarding fees and will be given the opportunity to discontinue the service at that time.
4. You must provide a voided personalized check attached to this authorization agreement.
5. If there is an error on your check connected with a deduction amount, any adjustments will be made to you on the next normal pay date.
6. If necessary, you may change financial institutions during this year. You must give us a thirty (30) day notice and complete the required forms in the business office.
7. Payroll must be written three (3) days in advance of pay date to allow time for the district to transfer data to district bank and district bank to distribute to employees bank. Unforeseen circumstance may delay your deposit from reaching your account on payday such as APSCN; computer, internet or satellite failure; individual bank problems and acts of God.
8. Your summer checks will be direct deposited by June 30<sup>th</sup>.

Authorization Agreement for Automatic Payroll Deposits

I hereby authorize Parkers Chapel School District #35 to deposit to my account the net amount that I am due for any pay period with the same effect has been issued to me for such amount. I also authorize the financial institution indicated below to credit the same such account. Should an over-deposit be made, the financial institution is authorized to debit my account and return to district the amount of such overage.

I also agree that District #35 shall have no liability to me for any damage to me arising out of or anyway connected with automatic payroll deposits. I agree and understand that deposits to my account could be late due to APSCN, computer failure, satellite or individual bank problems, and acts of God.

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Type: (circle one)    CHECKING    SAVINGS

This authority is to remain in full effect for each school year or until you give District #35 written notification by the last day of May that you wish to terminate agreement. I agree that if it becomes necessary to change financial institutions or account number, I will give the business office a 30-day notice and complete all necessary forms.

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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