

SMACKOVER-NORPHLET SCHOOL DISTRICT



Jason Black, Superintendent
112 East 8th Street
Smackover, Arkansas 71762
Phone: (870)725-3132 Fax: (870)725-1250

TO: ALL FULL-TIME EMPLOYEES

REF: PAYROLL DIRECT DEPOSIT SERVICE

The district will offer payroll direct deposit services for all full-time employees. This service will have your payroll check deposited into your checking or savings account.

You will receive a check voucher each payday with salary, deductions, and leave information.

If you would like to participate, you can find the forms on the district's website, or contact the Business Office for the forms. Completed and signed forms received prior to the processing of payroll will be effective with that payroll.

Forms you will need to complete are:

Policies and Guidelines concerning Direct Deposit
Authorization Agreement for Direct Deposit with your personal "VOIDED" check attached.

**SMACKOVER-NORPHLET SCHOOL DISTRICT
DIRECT DEPOSIT SERVICES
POLICIES AND GUIDELINES
FULL-TIME EMPLOYEES**

1. All of your check(s) 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 throughout the school year for enrollment or cancellation. Enrollments and cancellations will be effective with the next payroll following receipt of the paperwork by the Business Office.
3. No fees will be charged for this service at this time. You will be notified 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 “VOID” personal check or proof of savings account attached to the 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 the year. You must give us a 30-day notice and complete the required forms obtained from the district website or the Business Office.
7. Payroll must be written 3 days in advance of pay date to allow time for the district to transfer data to the district bank to distribute to the employee’s bank. Unforeseen circumstances may delay your deposit from reaching your account on payday, such as APSCN, PC, Internet or other technological failures, individual bank problems or acts of God.
8. Your summer checks will be direct deposited in late June (by June 30th). There will be no “summer check” deposits held for July or August pay dates.
9. You will receive a check voucher for each payday with all of your salary and deduction information. It will also show your leave information

EMPLOYEE NAME: _____ **SS#** _____

EMPLOYEE SIGNATURE _____ **DATE:** _____

AUTHORIZATION AGREEMENT FOR:

AUTOMATIC PAYROLL DEPOSITS

I hereby authorize the Smackover-Norphlet School District #39 to deposit to my account the net amount that I am due for any pay period with the same effect as if a check 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 THE SMACKOVER-NORPHLET SCHOOL DISTRICT #39 THE AMOUNT OF ANY SUCH OVERAGE.

I also agree that the Smackover-Norphlet School District #39 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, Internet, other technological failures, individual bank problems, and acts of God.

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING/ABA#: _____ **ACCOUNT#:** _____

(Please call your bank and verify these numbers).

This authority is to remain in full effect for each school year or until you give the Smackover-Norphlet School District written notification that you wish to terminate this agreement. I agree that if it becomes necessary to change financial institutions or account numbers I will give the Business Office a 30-day notice and complete all necessary forms.

EMPLOYEE NAME: _____ **SS#** _____

EMPLOYEE SIGNATURE _____ **DATE:** _____

*****ATTACH YOUR PERSONAL "VOID" CHECK TO THIS AGREEMENT*****