

MARYSVILLE SCHOOL DISTRICT  
AUTHORIZATION AGREEMENT FOR ELECTRONIC DIRECT DEPOSIT

Employee Legal Name (Printed) \_\_\_\_\_

You may split your payroll direct deposit in up to three separate financial institutions. If you have multiple accounts listed below, one of those accounts must be for your net pay. AP reimbursements will be direct deposited to only the Primary Account. In order for payroll to process your information accurately, *for each account you have listed below you MUST provide either a voided check or a form from your financial institution with the routing number and your account number listed on it.*

*If your form is received in the Payroll office by the end of the business day on the 9<sup>th</sup> of the month, your direct deposit will start the same month provided there are no errors with the pre-note. If received after the 9<sup>th</sup>, your direct deposit will start the following month.*

<b>Primary Bank Account</b>	Name of Institution _____	<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Existing (NO CHANGE)	Documentation is <input type="checkbox"/> attached <input type="checkbox"/> on file
<b>***Deposit amount will be the net amount after all other deductions and secondary ACH transactions</b>			

**Secondary Bank Account Option is NOT available to Guest (Substitute) Employees**

<b>Secondary Bank Account</b>	Name of Institution _____	<input type="checkbox"/> checking	<input type="checkbox"/> savings
Amount to be deposited each payday \$ _____			
<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Existing (NO CHANGE)	Documentation is <input type="checkbox"/> attached <input type="checkbox"/> on file

<b>Secondary Bank Account</b>	Name of Institution _____	<input type="checkbox"/> checking	<input type="checkbox"/> savings
Amount to be deposited each payday \$ _____			
<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Existing (NO CHANGE)	Documentation is <input type="checkbox"/> attached <input type="checkbox"/> on file

I hereby authorize Marysville School District to execute the direct deposit of my payroll and AP reimbursement checks as indicated above. I agree not to change or close my account without notifying the Payroll Office in advance. I understand the Marysville School District reserves the right to reverse and correct any deposits made in error to my account. If any action taken by me, without adequate notification to the Payroll office, results in non-acceptance of the transfer by my financial institution, I understand that the District assumes no responsibility for processing supplemental payroll payment until the funds are returned to the district by my financial institution.

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

\*\*\*\*\*THIS FORM REPLACES MY CURRENT FORM ON FILE\*\*\*\*\*

ATTACH A VOIDED CHECK OR FORM FROM YOUR BANK TO THE BACK OF THIS  
FORM (PLEASE DO NOT USE DEPOSIT SLIPS)