



PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT (PDD)

I hereby authorize Maple Run Unified School District (MRUSD) to initiate credit entries to my account (s) as I have indicated below at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the legal provisions of NACHA. This authority is to remain in full force and effect until MRUSD has received written notification of termination or change from me and in such time and manner as to give the MRUSD and pertinent Financial Institution(s) a reasonable opportunity to act.

All accounts listed must be transaction accounts on which the employee requesting electronic transfer is and remains a signer.

Direct deposits follow a pre-defined payroll schedule, however; if a payroll distribution is delayed, or a variance in schedule or amount occurs, the MRUSD shall not be responsible for any overdrafts or bank fees. Should you find any discrepancies in your pay distribution, please notify your payroll representative immediately.

If you experience a break in service, you will be asked to complete a new PDD form. The MRUSD reserves the right to request further information.

Please see instructions.

Employee Name : _____

Please Print

Primary Location: BFA/NCTC/CPSC SACS SATEC FFCS MRUSD

ACTION REQUESTED: Begin Direct Deposit Make a Change, this will replace any pre-existing PDD request.

Attach Voided Check(s) / Savings Coupons / Financial Institution documentation.

Direct Deposit will not be issued without the above documentation.

It is our policy to require this supporting documentation.

<u>Net Check</u>
<input type="checkbox"/> Deposit Entire / Balance Net Pay Each Pay Period
Bank: _____

Route and Transit or ABA number

Account Number
Type: _____ Checking
_____ Savings

<u>Priority One</u>
Deposit \$ _____
of Net Pay Each Pay Period
Bank: _____

Route and Transit or ABA number

Account Number
Type: _____ Checking
_____ Savings

<u>Priority Two</u>
Deposit \$ _____
of Net Pay Each Pay Period
Bank: _____

Route and Transit or ABA number

Account Number
Type: _____ Checking
_____ Savings

I understand that it is my responsibility to notify MRUSD payroll representative of any changes about my PDD choices and that requests for changes must be in writing. **I also understand that this form is not complete until proper financial institution documentation is given to MRUSD Payroll.**

Employee Signature Date

Central Office Use Only:
Pre-Note Date _____ Initial Live Transaction: _____ PP _____ Termination _____