



DIRECT DEPOSIT OF PAYROLL

Authorization or Revocation

EMPLOYEE NAME: _____
Please print name

EMPLOYEE ID NUMBER: _____

To initiate direct deposit:

In order to initiate a direct deposit, you must complete this authorization form and provide bank affiliation data. When changing accounts, you must notify the payroll office in writing at least two weeks in advance by revoking the current authorization and submitting a new Direct Deposit of Payroll form. It is the employee's responsibility to notify the Payroll Office of subsequent changes in banking arrangements. Failure to do so may result in the deposit of funds to an inactive account and resulting delays in rectifying the error.

If you wish to direct deposit to more than two accounts, please use multiple forms.

Attach a voided deposit slip or voided check to this authorization form. Without these, the direct deposit cannot be processed. Please note that your name and address SHOULD be 'imprinted' on the voided deposit slip or check.

1. Bank Name _____ Fixed: _____ Percentage: _____
Account Number: _____ Please indicate: Checking Savings
ABA/Routing Number:

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 Type of Account: Primary Secondary

2. Bank Name _____ Fixed: _____ Percentage: _____
Account Number: _____ Please indicate: Checking Savings
ABA/Routing Number:

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 Type of Account: Primary Secondary

AFTER DIRECT DEPOSIT IS IN EFFECT, ALL PAYCHECK STUBS WILL BE AVAILABLE VIA EMAIL.

It is strongly advised that the participating individual confirm any deposits before drawing on the aforementioned account.

By signing this authorization, I consent to allow GASD to initiate a direct deposit of my net pay each pay period to the above identified account, and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my account. In the event of an overpayment, I agree to repay the GASD the amount of the overpayment. I understand that the GASD acts as my agent for the purpose of remitting my net pay to the financial institution and the GASD assumes no further function or responsibility in connection with my account. This authority shall remain in full force and effect for all purposes while I am employed at the GASD, or until revoked by me in writing, giving the GASD and financial institution a reasonable opportunity to act on it. It shall be the GASD right to automatically suspend or stop my direct deposit upon separation of employment or other circumstances as deemed appropriate.

I understand the GASD cannot be held responsible for any circumstances which delay the timely deposit of funds to my account.

Employee Signature: _____ Date: _____

To cancel or change direct deposit: I hereby revoke authorization to direct deposit to the account listed below:

Bank Name: _____ Account Number: _____

Employee Signature: _____ Date: _____

PLEASE READ THIS CAREFULLY

The information on this form is confidential and is required to process payment data from the Greater Amsterdam School District to the financial institution and/or its agent. Failure to provide the requested information may delay or prevent receipt of payments through the direct deposit program.

Authorization to Recover Funds Deposited in Error:

By signing this form, you and each joint account holder (if applicable) consent to allow the Greater Amsterdam School District, through the financial institution, to debit the account (upon notice to you and any joint account holders) and to use any other lawful means to recover any salary payments to which you are not entitled.

Multiple Direct Deposits:

Employees may choose up to three direct deposits. It is the responsibility of the employee to clearly indicate and monitor the priority of his or her direct deposits.

Cancellation of Direct Deposits:

Pay will be directly deposited until direct deposit is canceled by the Greater Amsterdam School District or the employee.

Cancellation by the Greater Amsterdam School District: Direct deposit will be canceled on the effective date of any of the following:

- Termination of employment, final payroll check will be direct deposited.
- Change of financial institution or account information – Change to inactive status.

Cancellation by the Employee: You may stop participating in direct at any time by notifying the payroll office and completing a new

Direct Deposit Enrollment Form. On a new form, check the Cancel box, fill in your name, Social Security number, account number and account type, then sign and date the form under cancel direct deposit. The cancellation will not take effect until it is processed by the Greater Amsterdam School District.

Change in Financial Institution:

To change the financial institution into which you deposit funds, you must first cancel your previous deposit (see above), then complete a new enrollment form to start direct deposit with the new financial institutions. A change in financial institution will cause that direct deposit to terminate and it will take at least two payroll periods for the new direct deposit to start. You should maintain accounts at both financial institutions until the new institution receives your first direct deposit payment. If the account at the first financial institution is not maintained, you may experience a delay in payment until the new authorization takes effect.

Your Responsibilities:

- You are responsible for verifying (with your financial institution) the accuracy of your bank account number when your enrolment form is completed and for confirming (with your financial institution) that your net pay deposit is in your account on the first payday when your direct deposit stub. If the information on the statement is incorrect you must notify the payroll office immediately.
- You are responsible for verifying that your direct deposit has occurred each payday. Please note that direct deposit is not guaranteed and it is your responsibility to verify the availability of funds in your accounts. (You are responsible for notifying the payroll office if a direct deposit did not occur).
- You are responsible for notifying the payroll office if you change banks or account number. You must complete a new Direct Deposit Enrollment Form and begin the direct deposit process again.
- You are responsible for notifying the payroll office if your bank account has been closed. You must complete a new Direct Deposit Enrollment Form to cancel that direct deposit (see above for cancellation instructions). If you wish to continue direct to another account, you must complete a new enrollment form.
- You are responsible for payment of any changes that may be incurred against your account as a result of direct deposit.
- You must repay the Greater Amsterdam School District if an overpayment occurs as the result of direct deposit. Your pay may be delayed as the result of an error in direct deposit, so you must notify the payroll office immediately when you become aware of an error. By signing the Direct Deposit Enrollment Form, you give the Greater Amsterdam School District authorization to retrieve funds from your bank account in order to collect funds to which you were not entitled.

Miscellaneous:

- Direct Deposit normally start two pay periods after you submit a completed form to the payroll office. On the first pay period that direct deposit information is loaded into our computer system, you are in a pre-notification mode. During this period, you will receive your normal paycheck.