

Automatic Payroll Deposit USD 489 Authorization Agreement

Employees may deposit their salary in up to three accounts.

Please attach a voided check or bank card information with account and routing numbers for all accounts.

Check Applicable Box:

☐ New enrollment (*Complete entire form and sign.*)

☐ Change of present financial institution and/or account). (*Complete entire form, and sign.*)

Sequence 1:

☐ Checking

☐ Savings

Financial Institution _____

Account Name _____ Account No. _____

City _____ State _____

Specified Amount \$ _____ or All _____

Sequence 2:

☐ Checking

☐ Savings

Financial Institution _____

Account Name _____ Account No. _____

City _____ State _____

Specified Amount \$ _____ or Remainder _____

Sequence 3:

☐ Checking

☐ Savings

Financial Institution _____

Account Name _____ Account No. _____

City _____ State _____

100% of remaining salary after Sequence 1 and 2 amounts will go into this account.

PLEASE SIGN ON BACK

If you also receive checks from the district for reimbursement, such as mileage, would you like to change that account too? If so, please fill out below.

☐

Checking

☐

Savings

Financial Institution _____

Account Name _____ Account No. _____

City _____ State _____

I, the undersigned, authorize and request USD 489 to have my salary/reimbursement deposited directly to my checking and/or savings account as indicated above. I authorize and request the **FINANCIAL INSTITUTION** indicated above, hereinafter called **FINANCIAL INSTITUTION**, to credit the same to my account. I agree that my **FINANCIAL INSTITUTION** is not responsible for the correctness of any direct deposits to my account by USD 489 and shall not hold it liable for crediting my account accordingly. I understand that all ACH transactions are made on a provisional basis to become final as of the opening of business on the day following settlement day. I understand that finality of a transaction does not limit my **FINANCIAL INSTITUTION'S** rights to reserve transactions in compliance with NACHA Rules.

I also authorize the **FINANCIAL INSTITUTION** to credit the same to such account. Should an over deposit be made, the **FINANCIAL INSTITUTION** is authorized to debit such account and return to USD 489 the amount of any such overage.

This authority is to remain in full effect until USD 489 has received written notification from me of its termination in such time and manner as to afford USD 489 and my **FINANCIAL INSTITUTION** a reasonable opportunity to act on it. Termination of employment also voids this agreement.

Signed _____ Date _____

Employee Number _____

Please attach a voided check or bank card information with account and routing numbers for all accounts.

(Return this form to the USD 489 Payroll Department by the first day of the month that the automatic deposit is to begin)

Unified School District No. 489, Ellis County, Hays, Kansas, does not discriminate in the basis of race, color, national origin, sex, age, disability, or handicap in admission or access to, or treatment or employment in its programs and activities. If you have questions regarding the above, please contact the Title IX Coordinator or the section 504 Coordinator. Ron Wilson, Superintendent of Schools, 323 W. 12th Street, Hays, Kansas 67601. (785) 623-2400