

Raymond School District
PAYROLL DIRECT DEPOSIT
ENROLLMENT/CHANGE FORM

NAME: _____ SOCIAL SECURITY NUMBER(Last 4#) _____

****A VOIDED CHECK, BANK ENCODED DEPOSIT SLIP OR LETTER FROM THE BANK MUST BE ATTACHED TO THIS FORM FOR NEW ACCOUNTS****

SECTION I:

Account #1: _____ New Direct Deposit _____ Change to Existing Direct Deposit

Name of Bank: _____

Transit/Routing # _____ - _____ - _____ Account #: _____

Checking	_____	Net	or	Fixed Dollar Amount	_____
Savings	_____	Net	or	Fixed Dollar Amount	_____

Account #2: _____ New Direct Deposit _____ Change to Existing Direct Deposit

Name of Bank: _____

Transit/Routing # _____ - _____ - _____ Account #: _____

Checking	_____	Net	or	Fixed Dollar Amount	_____
Savings	_____	Net	or	Fixed Dollar Amount	_____

Account #3: _____ New Direct Deposit _____ Change to Existing Direct Deposit

Name of Bank: _____

Transit/Routing # _____ - _____ - _____ Account #: _____

Checking	_____	Net	or	Fixed Dollar Amount	_____
Savings	_____	Net	or	Fixed Dollar Amount	_____

I authorize the **Raymond School District and the institution listed above** to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries I have received in error to my account each pay period. This authorization will remain in effect until I have cancelled it in writing.

SIGNATURE: _____ **DATE:** _____

SECTION II:

CANCEL DIRECT DEPOSIT:

I WISH TO CANCEL MY DIRECT DEPOSIT TO: Name of Bank: _____

Account #: _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN COMPLETED FORMS TO THE SAU OFFICE FOR PROCESSING.

When funds are transmitted electronically you will receive a Direct Deposit pay stub each payday. Any changes made to your direct deposit must be submitted to payroll 6 working days prior to the pay date.

REVISED 10/31/2013