

Chariton Community School District Payroll Direct Deposit Authorization Form

Complete and return to the Central Office

I authorize the Chariton Community School District and the financial institution named below to automatically deposit my net pay into the account or accounts listed below (this includes my authorization to reverse any entries made in error). I understand that this Direct Deposit authorization applies only to the regular monthly payroll.

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____

Requested effective date for this change: _____.

Check **one** of the following options:

1. Deposit my net check into my checking account _____.
2. Deposit my net check into my savings account _____.
3. Deposit this fixed amount \$ _____ into my checking account and the balance into my savings account.
4. Deposit this fixed amount \$ _____ into my savings account and the balance into my checking account.

Please attach a voided check to this form.

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____

Routing Number: _____

Checking Account Number: _____

Savings Account Number: _____

CCSD will E-mail employee direct deposit stubs to all employees via their Chariton email, if you do not have a Chariton email, please provide your personal email: _____

If you do not have a checking or savings account, please sign below to give CCSD permission to mail your check.

I, _____, hereby grant the Chariton Community School District permission to send my paycheck and/or other payroll documents such as W2s through the United States Postal Service.