Payroll Direct Deposit Authorization ═══ Valparaiso Community Schools

Type of Transaction (check one): ☐ New ☐ Change ☐ Cancel

Last Name: _____ First Name: _____

Position: _____ Location: _____

Phone number: _____ Date: _____

The first check you receive will be a paper paycheck, which will be mailed to your home address. If you would like to pick up your first paycheck at the Administration Office, please **Initial here** _____Once your account(s) have been verified and, if the financial institution information you provided is correct, your subsequent pays will be directly deposited into the account(s) you have authorized.

Changing or closing an account: It is **Imperative** that you notify the Payroll Department prior to closing an account. If your bank notifies you of any changes in routing numbers or your account number, you m**ust** notify Payroll immediately. If you change, add delete an account, you must submit a new form identifying how your entire pay is to be deposited. Failure to notify Payroll of account number changes could result in a delay in paying you.

To sign up to have your pay direct deposited into **ONE account only**:

- Complete Box 1 (PRIMARY ACCOUNT) only if you want 100% of your pay to go to this account.

To sign up to have your pay direct deposited into **TWO or MORE accounts**:

- Complete boxes 2 and/or 3 for each account into which you want to deposit a specific amount. Use even dollar amounts only, do not use cents.
- Complete box 1 (PRIMARY ACCOUNT) for the account into which you would like the balance of your check deposited.

For Checking Accounts: attach a voided check to this form.

For Savings Accounts: contact your financial institution and ask for a Routing/Transit number and your account number to be used for ACH/Direct Deposit purposes.

BOX 1	**PRIMARY ACCOUNT** Select Type: ☐ Checking ☐ Savings Amount _____ Routing Number: _____ Account Number _____ Name and address of Financial Institution: _____ _____

BOX 2	**ACCOUNT #2** Select Type: ☐ Checking ☐ Savings Amount _____ Routing Number: _____ Account Number _____ Name and address of Financial Institution: _____ _____

BOX 3	**ACCOUNT #3** Select Type: ☐ Checking ☐ Savings Amount _____ Routing Number: _____ Account Number _____ Name and address of Financial Institution: _____ _____

I have authorized VCS and the Financial Institution(s) listed above to initiate electronic credit entries to my account(s)

Employee Signature: _____