



## PAYROLL DIRECT DEPOSIT AUTHORIZATION

I authorize Onsted Community Schools and the financial institution listed below to deposit my pay automatically as stated below. Adjusting the entries to correct errors are also authorized. This authority will remain in effect until I have canceled it in writing.

EMPLOYEE NAME

\_\_\_\_\_  
PLEASE PRINT

### ACCOUNT NUMBER

### DEPOSIT AMOUNT

CHECKING \_\_\_\_\_ \$ \_\_\_\_\_ OR NET PAY

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SAVINGS \_\_\_\_\_ \$ \_\_\_\_\_ OR NET PAY

☐

FINANCIAL INSTITUTION \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

*Please ensure the information and numbers provided are correct. Error in account numbers provided may result in delayed payroll processing.*

EMPLOYEE SIGNATURE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

*Please allow up to (2) two weeks for processing contingent on payroll schedule and date form was returned to HR.*

*Please return completed form to Keely Sanders in the Board of Education Office.*