

# Marshalltown Community School District Employee Direct Deposit Enrollment Form

## Your Pay Goes into the Bank. You Don't.

Here's an employee benefit that takes the hassle out of payday.

Full Service Direct Deposit automatically deposits your paycheck into the bank account(s) you select. Distribute your pay among multiple accounts (checking, savings, Christmas clubs, investment accounts, etc.) at different financial institutions. You won't have to stand in long check-cashing lines to deposit your pay anymore. Your pay will be in your account(s), ready for immediate use—even if you can't get to the bank.

## Full Service Direct Deposit is...

- *Convenient.* It deposits your net pay automatically to the bank account(s) of your choice. Full Service Direct Deposit also makes your money instantly available on payday for withdrawal or check writing—even if you aren't in the office on payday!
- *Safe.* Full Service Direct Deposit eliminates the chance of lost, stolen, or damaged paychecks.
- *Confidential.* Full Service Direct Deposit reduces handling of your personal payroll information by others.
- *Reliable.* Full Service Direct Deposit provides complete paystub information and deposit confirmation every payday.
- *Free.* All these benefits are offered to employees at no additional charge.

## How to Enroll...

Three easy steps:

- Complete this enrollment form.
- Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.
- Return this form to your payroll manager.

## Important! Please read and sign before completing and submitting.

I hereby authorize Employer to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or  Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or  Entire Net Amount