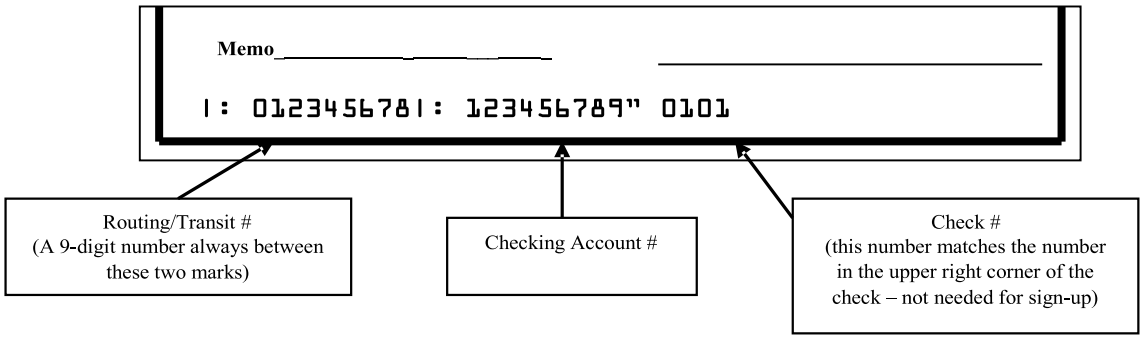
Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. 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.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize **_CAMANCHE COMMUNITY SCHOOL DISTRICT__** (hereinafter "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 to my account. In the event that funds are deposited erroneously into my account, I authorize Employer to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____

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 type 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 I wish to deposit: $_____.____ or ☐ Entire Net Amount

2. Bank Name/City/State: _____

   Routing Transit #:_____ Account Number: _____

   ☐ Checking ☐ Savings I wish to deposit: $_____.____ or ☐ Entire Net Amount

3. Bank Name/City/State: _____

   Routing Transit #:_____ Account Number: _____

   ☐ Checking ☐ Savings I wish to deposit: $_____.____ or ☐ Entire Net Amount

If Employer utilizes voucher e-mailing, I further authorize Employer to send my Direct Deposit voucher to m y personal e–mail address in lieu of the standard paper voucher. My e-mail address is:

E-mail:_____**@**_____

ATTENTION PAYROLL MANAGER:
Employers must keep each original employee enrollment form on file as long as the employee is using direct deposit, and for two years thereafter. Processed:_____