

SAU 43, NEWPORT AND CROYDON SCHOOL DISTRICTS

PAYROLL DIRECT DEPOSIT ENROLLMENT / CHANGE FORM

E-Mail address _____
(for Direct Deposit Receipt)

Name: _____ (Print name)

1. _____ Type: Checking _____ or Savings _____
Name of Financial Institution

Routing/Transit number: _____ Account number: _____
NET earnings account: X Cancel account: _____

2. _____ Type: Checking _____ or Savings _____
Name of Financial Institution

Routing/Transit number: _____ Account number: _____
Add amount \$: _____ Cancel account: _____ Change amount \$: _____

3. _____ Type: Checking _____ or Savings _____
Name of Financial Institution

Routing/Transit number: _____ Account number: _____
Add amount \$: _____ Cancel account: _____ Change amount \$: _____

■ Pre-notifications are applied one (1) time on initial enrollment and/or change requests.

VOIDED CHECK OR BANK LETTER REQUIRED FOR DATA VERIFICATION

I hereby authorize the SAU#43, Newport and Croydon School Districts to deposit/credit all payments to my financial institution named above electronically. SAU#43, Newport and Croydon School Districts are also granted authorization to correct funds erroneously deposited as necessary including both debit and credit entries. This authorization is to remain in effect until written notice is given to SAU#43, Newport and Croydon School Districts allowing at least a 5 day notice to implement such changes. SAU#43, Newport and Croydon School Districts are not liable for any overdrafts for any reason.

Employee's Signature

_____/_____/_____
Date