

DIRECT DEPOSIT OF EMPLOYEE PAY WARRANTS

For your added convenience, (the District) will allow employees to authorize automatic payroll deposits into their checking or savings accounts. Any financial institution (Bank, Savings & Loan, and Credit Union) in the United States can be selected as long as it is a member of the Automated Clearing House (ACH) of the Federal Reserve System.

To have your payroll check deposit directly to your checking or savings account, you must:

- (1) Complete and sign the attached authorization agreement for electronic fund transfer (EFT), and
- (2) submit to the payroll office a voided blank check or a savings account deposit slip along with the complete agreement.

Your checking or savings account will be “prenoted” for one pay period. The prenote process is a “dry run” to detect any problems with your bank transit and account number. Your bank transit number and account number will be included on the EFT tape that notifies your bank of direct deposit transfers, but no funds actually will be transferred on the prenote date. You will receive your regular paycheck for the prenote pay period.

If the prenote process detects no problems, your net pay for the next pay period (i.e., your gross pay less withholding for federal, state, and local taxes, plus any other required or voluntary deductions) will be electronically transferred to your checking account. In lieu of receiving a paycheck, you will receive a pay information statement that reports the same information that would have appeared on your paycheck stub.

Any changes to your name, bank transit number or account number must be reported in writing to the Payroll Office prior to the payroll cutoff date of the pay period in which the change is made. You also must notify the Payroll Office prior to closing your account.

In an error is discovered in the employee’s pay, (the District) cannot stop the deposit from being processed. Underpayments will follow the current correction process. All underpayments which require an advance will be made through insurance of a supplemental warrant. Advances will not be processed through the Direct Deposit system. Overpayments will be corrected in the subsequent pay period.

ADDITIONAL COMMENTS

In offering a direct deposit plan and having to process data to many different financial institutions, there are many variables over which (the District) has no control. In order to minimize the possible effects of these variables, the banking industry suggests you do the following:

1. Notify your financial institution that you are now on a direct deposit system with your district.
2. If your deposit is going to a checking account, you should have Automatic Overdraft protection to protect you in event of a processing failure in the banking system. This overdraft protection is generally accomplished through signing up for a check guarantee card. You should consult your own institution for this service.

FRANKLIN-McKINLEY SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Direct Deposit Authorization Agreement

Employee #: _____

I hereby authorize _____, hereafter called (the District) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

BANK TRANSIT #: _____ ACCOUNT #: _____

CHECKING SAVINGS

This authority is to remain in full force and effect until (the District) has received written notification from me on its termination in such time (10 days) and in such manner as to afford (the District) and the institution(s) a reasonable time to act on it, or upon termination of my employment from (the District). I have read the Direct Deposit instructions and understand that I should have automatic overdraft protection before signing up for this plan.

NAME (print) _____ SSN: _____

SIGNATURE: _____ DATE: _____

CO-SIGNATURE (IF JOINT ACCOUNT)

_____ DATE: _____

ATTACH VOIDED BLANK CHECK

Jane A. Doe 1000 Main St. Anywhere, U.S.A. 10001	611 _____ 19 _____
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
MEMO _____	_____
⑆ 256000649 ⑆ 0302 0032178 ⑆ '0611	

Transit No.

Account No.

Check No.