



# Direct Deposit Agreement Form

## Authorization Agreement

I hereby authorize Roselle Board of Education to initiate automatic deposits to my account at the financial institution named below. I also authorize Roselle Board of Education to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Roselle Board of Education responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Roselle Board of Education receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

I am aware that it is my responsibility to 1) immediately notify Payroll & 2) provide a new direct deposit form **listing a new account number for my Payroll deposit immediately**. This is necessary if there are any issues with the current direct deposit account number listed for my Payroll such as it is closed/cancelled/changed.

## Account Information

**Complete Payroll (100%)**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Split between two Accounts**

**PRIMARY ACCOUNT**  **CHECKING**  **SAVING**

Name of Financial Institution: \_\_\_\_\_

PRIMARY ACCOUNT Routing Number: \_\_\_\_\_

PRIMARY ACCOUNT Number: \_\_\_\_\_

**DOLLAR AMOUNT** (NOT PERCENTAGE) TO BE DEPOSITED IN PRIMARY ACCOUNT: \$ \_\_\_\_\_

**SECONDARY ACCOUNT**  **CHECKING**  **SAVING**

Name of Financial Institution: \_\_\_\_\_

SECONDARY ACCOUNT Routing Number: \_\_\_\_\_

SECONDARY ACCOUNT Number: \_\_\_\_\_

Amount to be deposited IN SECONDARY ACCOUNT: **REMAINDER OF PAYROLL**

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or Bank Direct Deposit Statement to the Payroll Department.