DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Select One: ☐**New Agreement** ☐ **Change Agreement** ☐**Cancel Agreement**

Employee Name:_____ ID#: 00000 _____ **or SS #**_____
(Please Print) (Last 4 digits)

Depository Information

☐ **Payroll Agreement** ☐ **Payroll and Accounts Payable Agreement**

Select One: ☐ **Checking Account** $_____ ☐ **Savings Account** $_____
Bank Name:_____
City:_____ State:_____ Zip:_____
Routing#:_____ Account#:_____

☐ **Payroll Agreement** ☐ **Payroll and Accounts Payable Agreement**

Select One: ☐ **Checking Account** $_____ ☐ **Savings Account** $_____
Bank Name:_____
City:_____ State:_____ Zip:_____
Routing#:_____ Account#:_____

☐ **Payroll Agreement** ☐ **Payroll and Accounts Payable Agreement**

Select One: ☐ **Checking Account** $_____ ☐ **Savings Account** $_____
Bank Name:_____
City:_____ State:_____ Zip:_____
Routing#:_____ Account#:_____

For the purpose of direct deposit of payroll checks **ONLY.** I hereby authorize Region One Education Service Center (the ESC) and the depository named above to initiate direct deposit (credit) entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the depository account listed above. (**Please initial here**:_____). This authority is to remain in effect until the ESC receives written notification from me of its termination in such time and in such manner as to afford the ESC and the depository a reasonable opportunity to act on the termination notice.

I agree to indemnify the ESC from any claims/incidents to the direct deposit of my payroll and/or accounts payable check including; without limitation, any claim based on alleged loss as a result of non-posting of any credit, and any claim, which may be made by any person as a result of the rejection of any of my checks because of insufficient funds arising from the failure of my financial institution to post the credit on my account.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Employee Signature:_____ **Date:**_____

Entering your name and last 4 digits of SS# in this field constitutes an official signature on this form.

Please return this form to the Payroll Office by the payroll change due date for the month you wish the change effective to assure prompt and accurate processing. You must include your voided personalized check (deposit slips are not valid) to initiate new agreements or to change existing agreements.

PLEASE ATTACH VOIDED CHECK HERE

Note: Any reimbursement processed through the Accounts Payable process will be sent via ACH to the default Main Account. When there is a change in the default Main Account, Purchasing will receive notification to change the Accounts Payable ACH account number.

Save Copy Email to Payroll Close File

FOR PAYROLL USE ONLY
Date Processed: Initials

Form #P002
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