



Plymouth-Canton Community Schools Direct Deposit Authorization

Personal Information

Name: _____ Last 4 digits of SSN: _____

Action Requested

- | | | | |
|--------------------------|--|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Sign up for a new net direct deposit | <input type="checkbox"/> | Add a partial direct deposit |
| <input type="checkbox"/> | Change financial institution or account number | <input type="checkbox"/> | Change partial direct deposit amount |
| | | <input type="checkbox"/> | Cancel partial direct deposit |

Financial Institute Information

Net Name of financial institute _____

Deposit Bank Routing/Transit Number _____

Account Number _____

Type of Account: _____ checking _____ savings

Partial Name of financial institute _____

Deposit Bank Routing/Transit Number _____

One Account Number _____

Type of Account: _____ checking _____ savings

Amount to Deposit \$ _____

Partial Name of financial institute _____

Deposit Bank Routing/Transit Number _____

Two Account Number _____

Type of Account: _____ checking _____ savings

Amount to Deposit \$ _____

Authorization

I hereby authorize the Plymouth-Canton Community Schools to deposit my payroll funds into my accounts as listed above. I authorize the financial institution(s) to accept these deposits. If funds to which I am not entitled are deposited into my account(s), I authorize Plymouth-Canton Community Schools to direct the financial institution to return said funds. I further understand that Direct Deposit is required for all employees and failure to provide accurate bank information, will delay payment to me.

Signature

Date

Please bring this form to the payroll office along with photo identification and evidence of financial institute information (voided check or statement from your bank).

Bank Information verified by: _____ Date _____