

EPIC
ACH DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Eastern Panhandle Instructional Cooperative (EPIC) to make an ACH deposit of my net payroll/set amount to the account(s) indicated below at the depositories named below.

ACCOUNT #1 (for net pay deposit only)

_____ Account No. _____
(Name of Bank)

Account Type: _____ Checking Routing No. _____
 _____ Savings

ACCOUNT #2

_____ Account No. _____
(Name of Bank)

Account Type: _____ Checking Routing No. _____
 _____ Savings
 Deposit Amount: _____

Name: _____ Employee ID _____
(Please Print)

Signed: _____ Date: _____

ATTACH A VOIDED CHECK or A CERTIFICATE FROM YOUR BANK(S) SHOWING YOUR ACCOUNT NUMBER(S) AND ROUTING NUMBER(S) SO THAT YOUR CORRECT BANKING INFORMATION CAN BE VERIFIED.

NOTE: THIS FORM MUST BE RECEIVED BY THE PAYROLL DEPARTMENT TEN (10) DAYS BEFORE PAYDAY. THE FIRST PAYROLL AFTER SUBMISSION WILL BE A PRE-NOTIFICATION WHERE YOUR BANK ROUTING NUMBER AND YOUR ACCOUNT NUMBER ARE VERIFIED BY THE ACH NETWORK. YOUR DIRECT DEPOSIT WOULD BEGIN ON THE SECOND PAY AFTER SUBMITTING THE FORM.

Emailed to Fiscal Agent _____