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)	
Accoun	t Type: Checking	Routing No
	Savings	
ACCO	<u>UNT #2</u>	
(Name of Bank)	Account No
Accoun	t Type: Checking	Routing No
	Savings	Deposit Amount:
Name: _	(Please Print)	Employee ID
Signed:		Date:
YOUR A	ACCOUNT NUMBER(S) AND RECT BANKING INFORMATION THIS FORM MUST BE RECEIV DAYS BEFORE PAYDAY. THE A PRE-NOTIFICATION WHER ACCOUNT NUMBER ARE VEI	RTIFICATE FROM YOUR BANK(S) SHOWING ROUTING NUMBER(S) SO THAT YOUR N CAN BE VERIFIED. TED BY THE PAYROLL DEPARTMENT TEN (10) E FIRST PAYROLL AFTER SUBMISSION WILL BE E YOUR BANK ROUTING NUMBER AND YOUR RIFIED BY THE ACH NETWORK. YOUR DIRECT THE SECOND PAY AFTER SUBMITTING THE

Emailed to Fiscal Agent