



Direct Deposit Enrollment Form

All employees of the School District of Riverview Gardens compensated through Direct Deposit must complete this form upon new enrollment or changes. To set up your Direct Deposit account information, simply fill out this form and attach a voided check OR a statement from your bank with the Routing/Transit Number information for your account and return all required documentation to the District Payroll Office. This will help ensure that you are paid correctly.

Employee Full Name: _____

Last 4 # of Social Security Number: _____

Home Address: _____



Bank Name: _____ City: _____ State: _____

Routing Transit #: _____ Account #: _____

___ Checking ___ Savings _____ \$ or _____ % to be applied to this account

Bank Name: _____ City: _____ State: _____

Routing Transit #: _____ Account #: _____

___ Checking ___ Savings _____ \$ or _____ % to be applied to this account

Bank Name: _____ City: _____ State: _____

Routing Transit #: _____ Account #: _____

___ Checking ___ Savings _____ \$ or _____ % to be applied to this account

I hereby authorize the School District of Riverview Gardens to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "bank") indicated on this form. Further, I authorize Bank to accept and to credit entries indicated by the District to my account. In the event that the District deposits funds erroneously into my account, I authorize the District to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the District and Bank have received written notice from me of its termination in such time and in such manner as to afford the District and Bank reasonable opportunity to act on it.

Signature

Date