

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.