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)	
(Name of Deals)	Account No.
(Name of Bank)	
Account Type: Checking	Routing No
Savings	
ACCOUNT #2	
(Name of Bank)	Account No.
Account Type: Checking	Routing No
Savings	Deposit Amount:
Name:(Please Print)	Employee ID
Signed:	Date:

ATTACH A VOIDED CHECK TO THIS FORM SO THAT THE BANK CAN VERIFY THE CORRECT ACCOUNT NUMBER.

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.