

**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

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**ACCOUNT #2**

\_\_\_\_\_ Account No. \_\_\_\_\_  
(Name of Bank)

Account Type: \_\_\_\_\_ Checking      Routing No. \_\_\_\_\_  
                                  \_\_\_\_\_ Savings      Deposit Amount: \_\_\_\_\_

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Name: \_\_\_\_\_ Employee ID \_\_\_\_\_  
(Please Print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST 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 \_\_\_\_\_