



## PAYROLL DIRECT DEPOSIT (DD) ENROLLMENT AGREEMENT

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Employing District: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

**Deposit Instructions:** ☐...NEW DD Set-Up  
(Pre-note Needed) ☐...CHANGE bank accounts  
(Pre-note Needed) ☐...CANCELLATION of DD  
☐...CANCELLATION of DD BY DISTRICT  
(Employee Terminated)

### ***I understand:***

- I hereby authorize my employer to initiate electronic deposits via the Automated Clearing House (ACH).
- A pre-notification (pre-note) is always sent prior to activating the deposit with real dollars. A pre-note is the initial test of the Transit/ABA/Check Digit and Account Number. A test is always done prior to actual dollars being sent. It is for the employee's protection that we do a pre-note service. It will be at least one payroll before electronic banking takes effect.
- Electronic Banking (Direct Deposit) funds are deposited on the last working day of each month.
- Direct Deposit is not available to substitutes.
- I understand that if I close my account it is **my responsibility** to notify the payroll office in writing of this action ten days prior to my next pay date.
- If I fail to notify the payroll office prior to my payroll being processed, the bank will reject my direct deposit and reroute it back to the employer. This return process may take several banking days. Participants in the program agree that if this happens they will wait for the funds to be received by the employer before receiving a payroll warrant.
- I hereby authorize my employer to initiate adjusting debit entries through the bank's selected ACH processor to correct any erroneous credit entry previously initiated by my employer to my account.
- I understand that if I fail to satisfy the requirements of my employment, my direct deposit may be stopped.
- I understand that upon termination of my employment, my direct deposit will be stopped and I will receive a warrant for my final pay.
- The submission and acceptance of this authorization supersedes any previously submitted direct deposit authorization(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF DEPOSITING TO A CHECKING/SHARE DRAFT ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM.  
IF DEPOSITING TO A SAVINGS ACCOUNT, FINANCIAL INSTITUTION PROVIDES A TRANSIT ROUTING NUMBER.

**Attach a VOIDED  
blank check here:**  
(If required)

Jane A. Doe 100  
1000 Main St.  
Anywhere, U.S.A. 10001

PAY TO THE  
ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_  
|:122233344|: 999111122|": 100

Transit Routing No.

Account No.

Check No.

### **CUSD Only:**

Received \_\_\_\_\_  
Entered \_\_\_\_\_  
Initials \_\_\_\_\_