



# Granite Falls School District Payroll Direct Deposit Authorization Agreement

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

You may split your direct deposit into three separate financial institutions (bank accounts). For payroll to process your information accurately, you **must provide a voided check or letter from your financial institution with your name, bank routing number and your account number.**

**Completed forms received in the Payroll office by the 8<sup>th</sup> of the month** will setup direct deposit for that month's payroll, provided there are no errors with the pre-note process. If the form is received after the 8<sup>th</sup>, your direct deposit will begin the following month.

NO CHANGE	CHANGE	ADD	STOP DEDUCTION
<b>Primary Bank</b> _____			
Account # _____		Routing # _____	
Checking	Savings	\$ <b>Net Pay</b>	
NO CHANGE	CHANGE	ADD	STOP DEDUCTION
<b>Secondary Bank</b> _____			
Account # _____		Routing # _____	
Checking	Savings	\$ _____	
NO CHANGE	CHANGE	ADD	STOP DEDUCTION
<b>Third Bank</b> _____			
Account # _____		Routing # _____	
Checking	Savings	\$ _____	

I hereby authorized Granite Falls School District to execute the direct deposit of my payroll check as indicated above. I understand the District reserves the right to reverse and correct any deposits made in error to the accounts. This authorization is to remain in force until the Payroll Department has received written notification from me of its termination and in such a time to afford the District a reasonable opportunity to act on it.

I understand that pay stubs are not be printed but can be viewed/printed in Employee Access. \_\_\_\_\_  
(Initials)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Verified by \_\_\_\_\_ Prenote date \_\_\_\_\_