

Electronic Funds Transfer - Direct Bank Deposit

Please complete area below and return to **Human Resources** by the 10^{th} of the month for **new** employees or to the **Payroll Department** by the 15^{th} of the month for changes

Print Name			_
Last	First	MI	
Employee ID#			
Contact Phone #	Work Location		_
	nch A VOIDED C ps Are NOT Acc	CHECK ceptable -	Staple Voided Check Here
*** This section ONLY to be completed by Financial Institution *** If you do <u>not</u> have a voided check or if you are selecting a savings account, your Financial Institution will need to complete the section below:			
Print Name and Address of Financial Institution	Routing #		
	Print Name Shown on A	Account	
Type of Account Checking or Savings Account (complete processing) Number			
Print Financial Representative's Name and Title		Telephone Number	
Financial Representative's Signature		Date	
			_
Pay cannot be deposited until this form has been concern as through monthly direct bank deposit only. Consider the complete this form will cause a delay in	Checks are not issued.		h.
I authorize Adams 12 Five Star Schools (District) to pay institution (Bank) listed above. I authorize and request tresponsibility for the correctness thereof. I understand to on the appropriate completed form. Changes must be reffective for that month's payroll.	the Bank to accept any cre hat I may change this auth	redit entry initiated by the District without thorization at any time by notifying the District	
Signature		Date	