



ARLINGTON PUBLIC SCHOOLS
AUTHORIZATION FOR DIRECT DEPOSIT
(PLEASE PRINT)

EMPLOYEE NAME

EMPLOYEE I.D. NO.

SCHOOL OR DEPARTMENT

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I authorize the Arlington Public Schools and the bank indicated below to deposit automatically my net pay into my checking or savings account each payday. If monies to which I am not entitled are deposited into my account, I authorize the Arlington Public Schools to direct the bank to return such funds. This authority shall remain in effect approximately two weeks after I have notified the Arlington Public Schools Payroll Office **in writing** that it is to be cancelled. If I change banks or accounts, I understand that deposits to my former account will terminate in the pay period following the receipt of the new authorization form. For new accounts, I understand that my pay will be deposited directly into my new account as of the next pay period.

I understand that the amount to be deposited each payday will be the net amount shown on my payroll statement (check stub), which may vary from one pay to another due to changes in gross pay, deductions, tax rates, etc. I further understand that the payroll statement will be the only and the official notice of the net amount deposited.

I understand that neither the Arlington Public Schools nor any of its employees are to be held legally responsible for failure of any Depository Financial Institution to make a deposit as scheduled. I further understand that adjustments may be initiated to my account to reverse deposits that are made incorrectly.

I further understand that under no circumstances shall the Arlington Public Schools and its officers, agent or employees, be responsible for, and I agree to hold them harmless for any charges, fees, costs, liabilities, expenses or damages that might be imposed or arise out of delays, mistakes or errors made by the Arlington Public Schools, its agent or employees, or any member of the Mid-Atlantic Clearing House Association or its affiliates in any way relating to the direct deposit of my net pay.

EMPLOYEE SIGNATURE

DATE

Direct Deposit #1

\$ NET AMOUNT

New/Change/Cancel Primary Net Account:

☐ Add

☐ Change

☐ Cancel

Type of Account (Check only one):

☐ Checking

☐ Savings

Bank: _____

Address: _____

Bank Routing and Transit No.: _____

Employee Bank Account No.: _____

Ensure to attach a Voided Check

Direct Deposit #2 (Not Required) Amount: \$ _____ (Only use this account for a set dollar figure)

Add/Change for a Second Account only:

☐ New

☐ Change

☐ Cancel

Type of Account (Check only one):

☐ Checking

☐ Savings

Bank: _____

Address: _____

Bank Routing and Transit No.: _____

Employee Bank Account No.: _____

Ensure to attach a Voided Check

This form *must* be complete to be processed. Routing numbers are always 9 digit numbers.

PAYROLL APPROVAL

DATE