

## Post Falls School District DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

EMPLOYEE INFORMATION: LAST NAME	FIRST NAME	М	EMPLOYEE ID NUMBER
LASTIVAME	THOTTVAINE		
LOCATION/SITE:			(Internal Use Only)
TO SET UP DIRECT DEPOSIT YOU MUST:      Verify that your institution accepts     Notify your financial institution that have any special requirements.     Fill out this form completely     Attach a voided check or bank aut	t you are setting up a d	irect deposit through	payroll and determine if they
NEW EMPLOYEE DEPOSI	T ACCOUNT CHA	NGE	
BANK NAME:		CHECKING OR	SAVINGS
9-DIGIT ROUTING NUMBER:	ACCOUNT NUMBER:		
I hereby authorize the Post Falls School District to directly withholding or deductions therefrom in the above designs the amount of salary or wages actually due and payable to	ated account. If at any tim o me, I hereby authorize t	e the amount of salary he Post Falls School Dis	or wages deposited exceeds
a. Withhold a sum equal to the overpayment fro b. Recover such overpayment from the above-de		or	
I understand that I must attach a voided check or bank do accept full responsibility for the routing and account num acceptance of a direct deposit by the designated financial processing a supplemental salary or wage payment until tinstitution.	bers provided on this forn I institution, I understand	n. Further, if any action that the district assume	taken by me results in non- es no responsibility for
I understand that I must notify the district in writing days prior to closing any account that is established utilizes an Electronic Pay Stub for all non-substitute	I under this program. I	understand that Post	Falls School District
While most financial institutions post funds to accounts at Some institutions post funds in the afternoon. We strongly funds will be available.			
Signature of Employee		Date	

RETURN TO HUMAN RESOURCES DEPARTMENT

Please attach your voided check or bank document to this form.