



DIRECT DEPOSIT AUTHORIZATION FORM

RCSD offers payroll direct deposit of net earnings into one FDIC member bank checking or savings account in your name (individual or joint). All new or changed direct deposit requests require a pre-note test transaction to ensure the account information received is valid.

IMPORTANT: *During the pre-note process, you will receive a live payroll check mailed to your address on file.* Please check your account to confirm the pre-note processed accurately and immediately inform payroll if it did not. You can access pay stubs online in PeopleSoft: Self-Service/ Payroll and Compensation / View Paycheck (ensure pop ups are not blocked).

EMPLOYEE INFORMATION

Employee Name (First / Last):

Employee ID#:

Dept. ID#:

Location:

Work Phone
Number:

Union (check one):

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DIRECT DEPOSIT ACTION (please check one)

START (New)

STOP (Only)

CHANGE:

Name of Bank to cancel:

ACCOUNT INFORMATION

Name of Financial Institution:

Account Type (check one):

Checking Savings

Routing/Transit Number:

Checking/Savings Account Number:

REQUIRED DOCUMENTATION (A or B)

- A. Voided Check – **must have the account holder name, address, routing number and account number preprinted** on the check. We are unable to accept starter checks because it does not provide employee’s name and address.
- B. Bank Form Letter on official letterhead – **must have the account holder name, address, routing number and account number preprinted on the document.**

AUTHORIZATION AGREEMENT

I hereby authorize Rochester City School District (RCSD) to deposit my **net earnings** into the bank account specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify that I am the accountholder of the above account and account represented on supporting bank documents. I agree that information provided with this request accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. I agree not to hold the RCSD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution.

Employee Signature: _____ Date: _____

(Original signature required)

For Payroll Use Only

Input By: (Please Print Name)	Entry Date:	Pre-note Pay Date:	Anticipated DD Pay Date: