

# DIRECT DEPOSIT AUTHORIZATION FORM

**Direct Deposit is mandatory for all employees of the Grand Forks Public Schools District.** Employees with a Grand Forks Public Schools email account will receive their Direct Deposit stub by email. All others will receive by mail.

**Attach a voided check or a written verification (from your bank)** that states your name, account number, and routing number for each account. **A deposit slip is not an acceptable form.** This will ensure that your pay is deposited to your accounts correctly.

**Type of Automatic Deposit Transaction:**                      **NEW**                      **CHANGE (please allow 10 business days)**

### Employee Contact Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Preferred Ph #: \_\_\_\_\_ Job Title: \_\_\_\_\_

### OPTION 1 – Deposit to One Account

Please deposit my entire net pay (100%) directly into the existing account listed below.

Type of Account (check only one box):     Checking     Savings

Bank Name: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

### OPTION 2 – Deposit to Two Accounts (Benefits eligible employees only)

*Indicate a specific dollar amount into Account 1. The remainder of my net pay will be deposited into Account 2.*

**Account 1** (check only one box):     Checking                      Savings                      Deposit Amount \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_ Specific dollar amount per check

ABA Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

**Account 2** (check only one box):     Checking                      Savings                      Deposit Amount \$ Remainder of My Net Pay

Bank Name: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

### AUTHORIZATION

I authorize my employer, Grand Forks Public Schools (“GFPS”) and the Financial Institution(s) named above to deposit my net pay by electronic transfer to my account(s) each payday. If amounts to which I am not entitled are deposited into my account, I authorize GFPS to direct my Financial Institution to reverse them. In the event my designated account is closed or contains an insufficient balance to allow a reversal for amounts deposited in error, I agree that GFPS may withhold any amounts owed to me until such amount is repaid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:**

Employee should complete in full and submit this form to the following address:

Grand Forks Public School District  
 Attn: Payroll Dept.  
 2400 47<sup>th</sup> Ave S  
 Grand Forks, ND 58201