DIRECT DEPOSIT AUTHORIZATION

Must Check One:	new authorization	
	discontinued with the next pay	ation (Your current authorization will be roll and you will receive a paper check. The s will be processed via direct deposit)
Must Check One:	CHECKING	SAVINGS
READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU SIGN THIS FORM		
I understand that this agreement will remain in effect until I have filed a new authorization or have terminated my employment with the Eaton School District, or my financial institution has notified the Eaton School District of its termination of this arrangement.		
I understand that if funds to which I am not entitled are deposited in my account, I authorize the Eaton School District to direct the banking institution to return said funds.		
I understand that the Eaton School District shall not be held responsible for any loss of deposit standing in my name in any banking institution. I further understand that the Eaton School District shall not be held responsible for any changes in rulings or regulations of any financial institution.		
Signature:		Date:
YOU MUST NOTIFY THE DISTRICT OFFICE OF ANY BANKING CHANGES TWO WEEKS IN ADVANCE OF THE PAYROLL DATE. Failure to do so will delay your payroll.		
NOTE: After we receive this form from you, we will process a pre-notification file to your financial institution to verify the appropriate information. <i>Therefore, your first payroll will be a paper check</i> . The second and subsequent payrolls will be processed via direct deposit and you will receive a direct deposit notice with the details of your payroll. The completed <i>Direct Deposit Authorization</i> form must be received by the payroll department by the 15th of the month to start the process for the following month's payroll.		
PLEASE ATTACH A VOIDED <u>CHECK</u> (<u>NOT</u> A DEPOSIT SLIP OR A COUNTER DEPOSIT SLIP FROM YOUR BANK)		