Boulder Valley School District

Authorization agreement for direct deposit

Name _____ Employee Number or Social Security Number _____

Effective Date (Month/Year) _____

This request is to: *(Please check only one)*

- ☐ **START** *(not currently on direct deposit)*
- ☐ **CHANGE** *of bank and/or account number*
- ☐ **STOP** *(paper check will be issued)*

If this is a START or CHANGE request, please attach either a voided check or a Direct Deposit information form in the box below.

- For **START** and **CHANGE** requests, the Payroll Office must receive this form no later than the 20th of the month. *(DECEMBER ONLY—the deadline is the 10th of the month)*
- The Payroll Office can **STOP** a direct deposit if this form is received at least five days before payday.

FAILURE TO NOTIFY THE PAYROLL OFFICE OF A CLOSED BANK ACCOUNT MAY RESULT IN A DELAY OF YOUR PAYCHECK!!

- Your bank information will also be used for any employee reimbursements paid through Accounts Payable.

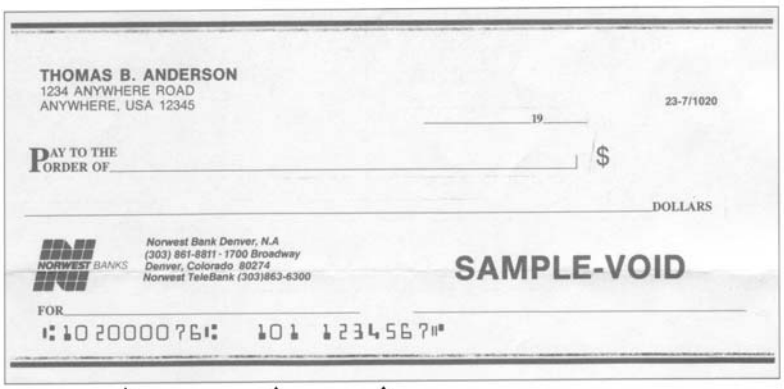
I HEREBY AUTHORIZE *and request to have my regular monthly pay deposited to my account on the last working day of the month. I also authorize any employee reimbursements paid by the Boulder Valley School District to be deposited to this same account as needed. I understand and agree that if an erroneous credit is made to my account, the District is authorized to stop payment, reverse the entry, or make any adjustment necessary to my account to correct the erroneous entry.*

Signature _____ Today's Date _____

Please check one: ☐ Checking Account ☐ Savings Account

- **CHECKING** account: attach a **VOIDED CHECK** in the box below.
- **SAVINGS** account: attach a **DIRECT DEPOSIT INFORMATION FORM**, available from your bank.

- **IMPORTANT!! DO NOT ATTACH A DEPOSIT SLIP.** Deposit slips do not always have the information we need to process your request. Attaching a deposit slip will delay processing of your direct deposit request.

Please attach check or direct deposit information form here.

Sample Check