



Fern Ridge School District 28J
Authorization for Direct Deposit

Return this form to:
Payroll Office
88834 Territorial Rd
Elmira, OR 97437

Check One: ☐ Licensed ☐ Classified ☐ Substitute ☐ Retiree

Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change			Effective Date: <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Pay Date ____/____/____		
Name				Social Security Number	
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)				Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Transit Routing Number (Must be 9 digits)				Account Number	

By completing this form, I am authorizing the Fern Ridge School District to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the District to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the District at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to the District for distribution. This will delay my check.

Date (Mo/Day/Yr)	Employee Signature	Telephone Number
Home Address (City, State, Zip Code)		

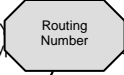
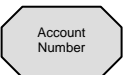
- Verify with your financial institution on your pay date that your direct deposit has gone into effect – the deposit amount will appear as the final deduction on your pay stub with the name of your financial institution.
- Allow up to 2 weeks for processing this request. **Starting or changing a direct deposit requires a pre-note to your financial institution. Your direct deposit may not be effective until your second payment after submitting this request.**

If you select to have your payment sent to your:

- **Checking account:** Attach a voided check to the bottom of this form.
- **Savings account:** Contact your financial institution to obtain its transit routing number.

Attach a voided check or photocopy of a check for checking account.

DO NOT ATTACH A DEPOSIT SLIP.

John Smith Mary Smith 1000 Prairie Rd Anyplace, OR 97400		1234
PAY TO THE ORDER OF _____		15-000000000
_____ \$ _____		
_____ DOLLARS		
ANY Any		
For	_____	
“123456789”	0123456789”	1234
<div>Do not include the check number.</div>		