



Employee Direct Deposit Enrollment Form

I hereby authorize **Jordan Public Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Jordan Public Schools** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Jordan Public Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Jordan Public Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____.____ or ☐ Entire Net Amount

2. Bank Name: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____.____ or ☐ Entire Net Amount

Please attach a voided check and return to the Payroll Department.

Print Name: _____

Authorized Signature: _____ Date: _____