

DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION FORM
Enrollment/Change/Cancellation

IT IS NOW POSSIBLE TO HAVE MORE THAN ONE DIRECT DEPOSIT.
IF YOU WOULD LIKE TO HAVE MONEY DIRECTLY DEPOSITED TO A SECOND OR THIRD
SAVINGS OR CHECKING ACCOUNT PLEASE COMPLETE THE FOLLOWING INFORMATION:

Part I

Employee Information

I hereby authorize the Dennis-Yarmouth Regional School District (hereinafter called the District) to initiate electronic entries to my account(s) listed below and, if necessary, reversal entries and adjustment for any erroneous entries made to said account. Further the financial institution (hereinafter called the Bank) is hereby authorized to complete such electronic entries to such account(s).

(Check one) Deposit Action:

New:

☐

Change

☐

Stop

☐

Full Name: _____

Home School: _____

Signature: _____

If you are currently having direct deposit and want to continue to have your net pay deposited to that account please check here: ☐ Otherwise, please complete below.

Part II

Employee Bank Information You may deposit to three accounts. Your Net Pay is the balance of your pay.

Net Pay Name: _____

Routing Number: _____

Account Number: _____

Account Type:

Checking:

☐

Savings:

☐

Bank 2 Name: _____

Routing Number: _____

Account Number: _____

Account Type:

Checking:

☐

Savings:

☐

None:

☐

Amount to be Deposited: \$ _____

Bank 3 Name: _____

Routing Number: _____

Account Number: _____

Account Type:

Checking:

☐

Savings:

☐

None:

☐

Amount to be Deposited: \$ _____

*****Return this form **AND** a **VOIDED CHECK** for each bank account*****
Or a Letter From the Bank with routing and account number

Part III

Direct Deposit Notification is send to your Email address below

For Email notification only, please complete below.

Please Email my **Direct Deposit Notification** to the following Email Address:

Email Address: _____

(Please Print)

This Authorization is to remain in full force and effect until the District has received written notification from you of its termination in such a time and in such manner as to afford the District and the Bank a reasonable opportunity to act on it. By signing this form you agree to notify the District promptly if the account(s) listed above is/are closed or is/are no longer permitted to accept electronically initiated entries. The District is authorized to provide copies of this Application to the Originating and Receiving Depositories, upon their request. By signing this form you understand that the District does not accept responsibility for problems encountered in this process as long as the District has met the Automated Clearing House (ACH) time lines established in the agreement with our bank.