



# DIRECT DEPOSIT AUTHORIZATION

Attach Voided Check Here

## DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

1. Please attach a pre-printed voided check that we may verify your account number.
2. The Federal Reserve Bank requires that certain events take place before an employer may deposit your pay directly to your bank account:
  - a. You, the employee must sign an authorization form.
  - b. We, the Clarksville-Montgomery County School System, must send through the Federal Reserve Bank, a pre-notification record. A pre-notification record is simply a test to verify that your deposit will go to the correct bank and the correct account.
  - c. The receiving bank will inform us of any invalid accounts. We will correct and process the pre-notification again.
3. Direct Deposit will take place on the second pay day following the receipt of your authorization form by the Payroll Office and positive verification of the pre-notification record by bank.

Name and Address of Bank:  _____  _____  _____	Bank Account Number  _____
	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

Employee's Name: _____ Social Security Number: _____ - _____ - _____
Employee's Address: _____
Work Location: _____

I (we) authorize the Clarksville-Montgomery County School System to initiate credit entries to my (our) account indicated above.

This authorization is to remain in full force and effect until Clarksville-Montgomery County School System has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Clarksville-Montgomery County School System reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

DIRECT DEPOSIT OF PAYCHECKS STATEMENT

FOR APPLICANTS RECOMMENDED FOR EMPLOYMENT

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, understand that Direct Deposit of paychecks is a condition of employment for School System employees appointed on or after June 1, 2002. My signature below indicates that I agree to sign up for Direct Deposit, OR that I will request an exception to this policy.

I understand that any Direct Deposit exception request must be reviewed and approved before an employee may report to work. I understand further that an employee who refuses to participate in Direct Deposit or refuses to file a request for an exception may be considered as having declined a job offer or as not being interested in the position.

CHOOSE ONE OF THE OPTIONS BELOW:

\_\_\_\_\_ I agree to sign up for Direct Deposit during my initial New Employee Orientation meeting. If I have to establish a new account with a financial institution, a maximum of ten (10) business days from the employment date will be provided for me to submit a Direct Deposit Authorization to the Payroll Dept.

\_\_\_\_\_ I will request an exception to the Direct Deposit policy and will immediately submit to the interviewer, in writing, the reasons and supporting documents for the request. If the exception request is disapproved, I understand another opportunity to accept Direct Deposit will be offered. If declined, the recommendation for employment will be rescinded and I will not be employed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date