

MERTON COMMUNITY SCHOOL DISTRICT

P.O. Box 15, MERTON, WISCONSIN, 53056

FEIN # 39-1035321

Direct Deposit Authorization Agreement

Employee Name (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

New Election

Change in Election

Employee

Please complete the following information and verify with your financial institution:

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Phone #: \_\_\_\_\_

Checking Account

Savings Account

**Attach a voided check for a checking account or a voided savings account ticket for a savings account.**

Account Number: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

I hereby authorize Merton Community School District to deposit my paychecks directly into the account listed above in accordance with the District's rules and procedures as printed on the reverse side of this form. I have attached a voided check from my checking account, or a voided deposit or withdrawal ticket from my savings account into which I wish to have my paychecks deposited.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Holder's Name (print): \_\_\_\_\_

Joint Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

## **Policy of District Direct Payroll Deposit Operation**

The Merton Community School District (the "District") sponsors a Direct Payroll Deposit Program ("Program") for the benefit of eligible employees. The administration and operation of the Program are governed by the rules and procedures set forth herein.

### **Eligibility for Participation in the Program**

All employees of the District who are employed on a permanent basis must participate in the Program.

### **Deposits**

An employee who has executed a direct deposit authorization agreement will have the entire net amount on all of the employee's semi-monthly payroll checks deposited to the employee's designated account. The employee's election is limited to one (1) financial institution and one (1) checking or savings account.

### **Change in Election**

Employees participating in the Program will be limited to one (1) change in financial institution from September 1 to August 31. Employees wanting to make a change are required to deliver to the payroll department a new direct deposit authorization agreement at least thirty (30) days prior to the next pay date. Failure on the part of an employee to give timely notice to the payroll department of a change in banking institutions and/or account numbers may result in a delay in the availability of his/her payroll funds. All fees incurred, as a result of a corrective action to release these delayed payroll funds, will be the responsibility of the employee.

### **Hold Harmless**

The District is held harmless from individual agreements and compliance between the financial institution and the employee.

### **Amendment**

The board may amend these rules and regulations from time to time.