# **PAYROLL DIRECT DEPOSIT FORM** (ACH CREDITS)

| ❑ ADD (New Participant) | ❑ CHANGE (Financial Institution and/or Account #) |
|---|---|

I (we) hereby authorize **Greeneville City Schools**, (the "Company", to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account(s) at the financial institution(s) indicated below.

Please attach a voided check or financial institution verification letter for account validation.

## PRIMARY PAYROLL DIRECT DEPOSIT ACCOUNT

☐ CHECKING ☐ SAVINGS

| Depository Financial Institution |
|---|
| |

| TRANSIT ROUTING NUMBERS | | | | | | | | | | | ACCOUNT NUMBER INFORMATION | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ⑆ | | | | | | | | | | ⑆ | | | | | | | | | | | | | | |

## ADDITIONAL PAYROLL DIRECT DEPOSIT ACCOUNT

☐ CHECKING ☐ SAVINGS

AMOUNT TO BE DEPOSITED TO THIS ADDITIONAL ACCOUNT **$** _____

| Depository Financial Institution |
|---|
| |

| TRANSIT ROUTING NUMBERS | | | | | | | | | | | ACCOUNT NUMBER INFORMATION | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ⑆ | | | | | | | | | | ⑆ | | | | | | | | | | | | | | |

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.

| Name(s) - Please Print | | |
|---|---|---|
| Address | City and State | Zip Code |
| Signed | | Date |

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.