

PAYROLL DEDUCTION AUTHORIZATION
DIRECT DEPOSIT PAYROLL CHECK START/STOP

Employee Name:
Last Name First Name Middle Name

Last four SSN numbers only Today's Date

Start Deposit - You may choose to have more than one account for direct deposit. You must indicate a set dollar amount (no percentages) or indicate "Net Pay".

NOTIFICATION MUST BE RECEIVED IN THE PAYROLL OFFICE AT LEAST 2 WEEKS BEFORE EFFECTIVE DATE

ACCOUNT NO. 1 Checking Savings Net Pay OR Dollar Amount

Bank Name: Effective Date

ACCOUNT NO. 2 Checking Savings Net Pay OR Dollar Amount

Bank Name: Effective Date

ACCOUNT NO. 3 Checking Savings Net Pay OR Dollar Amount

Bank Name: Effective Date

AUTHORIZATION TO START DEPOSIT(S)

I request Nye County School District to start depositing my pay check on the effective date above to the financial institution indicated. I acknowledge that I am solely responsible for the accuracy of the account number and the financial institution I have selected. I realize that by direct depositing my net check, I will only be receiving a pay statement from the Nye County School District that will indicate my pay and allowances less deductions.

Employee Signature _____ Date _____

Stop Deposit

Bank & Account No. Effective Date

AUTHORIZATION TO STOP DEPOSIT

I request Nye County School District to stop my direct deposit to the financial institution indicated as of the effective date above. I am solely responsible for any agreements I had with the above stated financial institution and acknowledge I will not be eligible to start a new deposit request except as authorized by Nye County School District.

Employee Signature _____ Date _____

PRINT FORM AND ATTACH A VOIDED CHECK; SEND TO PAYROLL OFFICE