
DIRECT DEPOSIT INFORMATION

- **DIRECT DEPOSIT IS MANDATORY**
Anyone receiving pay must participate
- Any bank or Credit Union in the USA is eligible. Direct Deposit's are made only to your own personal checking or savings accounts.
A deposit to accounts other than your own is prohibited.
- Payroll requires a **void check** with pre-printed 1) Bank federal ABA routing number 2) Employee name; 3) Account number; and 4) Type of account (C or S). Also accepted is a bank officer signed letter, with required information on bank letterhead.
NO HANDWRITTEN INFORMATION IS ACCEPTED, NO WHITE-OUT AREAS AND NO TEMPORARY CHECKS
- A maximum of two separate financial institutions are possible. A new form will supersede any forms on file; therefore a new second bank deduction will automatically cancel the original bank deduction. Deposits within the same financial institution are handled within each facility, not via this form.
- The net amount of your payroll is electronically sent to designated bank and available on the date of the payroll.
- No Direct deposit notices are sent, payroll information is available on EMPLOYEE PORTAL at <https://Portal.syc427.org/empportal>
- Additional authorization forms are available in the Business Office call 815-899-8109, or stop by. They are also available in each building, on Sharepoint and on the district website www.syc427.org.

Direct Deposit/Bank Deduction Authorization Agreement - Sycamore CUSD #427

NET DIRECT DEPOSIT IS MANDATORY

I hereby authorize the Sycamore Community School District #427 to initiate automatic deposits and/or credit entries in the net amount of my paycheck and to initiate, if necessary, debit entries and adjustments for any credit entries in error at the depository named below to either my personal savings or checking account, whichever appropriate:

This form must be completed and submitted with approved bank documentation!

NAME (please print) _____

1) I understand that the NET amount shown in my paycheck will be direct deposited to:

NO HANDWRITTEN BANK DOCUMENTATION WILL BE ACCEPTED, VOID PERMANENT CHECKS OR LETTERHEAD DOCUMENTS ONLY!!!

Financial Institution	
Address: <i>if known</i>	
City, State, Zip	
Type of Account	<input type="radio"/> Checking <input type="radio"/> Savings
ABA Routing #:	Account #:
Signature	Date

2) I understand that I can elect to have one specified dollar amount BANK DEDUCTION taken from the gross amount and deposited into an account in a separate financial institution from the one shown above only after I have completed the top portion of this form, a bank change will automatically cancel a current deduction. (A verification of funds availability will be done before each payroll, if base net is lower than the amount designated, no deduction will be made, net will be deposited to the bank above.)

(NOTE: Any deposits to account within the same facility are not eligible for direct deposits of this type, those arrangements are to be made internally at your bank.)

Financial Institution	
Address: <i>if known</i>	
City, State, Zip	
Amount of per pay period deduction (must be completed)	\$
Type of Account	<input type="radio"/> Checking <input type="radio"/> Savings
ABA Routing #:	Account #:
Signature	Date

This authority is to remain in full force and effect until Sycamore CUSD #427 has received written notification from me of its termination in such time, and in such manner as to afford the district and depository a reasonable opportunity to act on it.

AN ATTACHED VOIDED CHECK OR LETTER FROM EACH BANK INDICATING CORRECT ROUTING NUMBER(S) IS REQUIRED FOR EACH FINANCIAL INSTITUTION NAMED ABOVE.

NO EXCEPTIONS. HANDWRITTEN DOCUMENTS WILL NOT BE ACCEPTED.

NET DEPOSIT: NEW _____ CHANGE _____ BANK DEDUCTION: NEW _____ AMOUNT CHANGE _____

+++++

FOR USE ONLY IF FORMS ON FILE ARE LESS THAN 2 YEARS OLD AND EMPLOYMENT HAS BEEN CONSISTENT

_____ The previously submitted Direct Deposit Authorization Form and bank documentation on file for me at this time is valid exactly as is; absolutely NO information has changed (name changes require new forms).

Signature – no attachments are necessary Date

+++++