

HARRISONBURG CITY PUBLIC SCHOOLS DIRECT DEPOSIT MANDATORY AUTHORIZATION AGREEMENT

INSTRUCTIONS FOR COMPLETION

YOU MUST ATTACH A COPY OF A PRINTED, VOIDED CHECK SHOWING YOUR NAME, OR YOUR BANK'S VERIFICATION TO THIS FORM. Please type or print in ink. You may choose to have funds deposited into one account, or you may split the deposit between two accounts (checking and savings). The split may be between two different banking institutions. If splitting deposit, indicated dollar amount in Account 1. The balance will go to Account 2.

You will receive a *paycheck* on the first pay period following the initial election or change request. Direct Deposit will be effective on the second pay period following the request.

Employee Name (Last, First, M.I.) _____

School/Location _____ Social Security Number _____

1.

Name of Depository or Bank	Type of Account (Checking or Savings - Circle One)
	\$
Bk/Transit/ABA Routing No.	Depositor Acct. No.

2.

Name of Depository or Bank	Type of Account (Checking or Savings - Circle One)
	Net Amount
Bk/Transit/ABA Routing No.	Depositor Acct. No.

PAYEE CERTIFICATION

I hereby authorize the Harrisonburg City Public Schools to initiate credit entries to my account and the DEPOSITORY indicated above. I also authorize the Harrisonburg City Public Schools to draw drafts or to initiate debit entries on my account for purposes of withdrawing money from my account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this authorization in an amount that is not correct.

I understand that it is important to check with my DEPOSITOR to verify that my account has in fact been credited before engaging in any financial transaction which is dependent upon the existence of the credit entry.

This authority is to remain in effect until the Harrisonburg City Public School has received written notification from me of its termination by the 15th of the month, and in such manner as to afford Harrisonburg City Public Schools a reasonable opportunity to act on it. By entering my email address, I authorize the City Schools to deliver my check stub electronically.

Date

Employee Signature

Check one of the following:

_____ New authorization agreement

_____ Change - currently enrolled in the program, but would like to change account information

Pay stubs will be sent electronically to your HCPS email address. If you do not have an HCPS address please enter your personal email address here _____