

PHLOMATH SCHOOL DISTRICT 17J
535 S. 19th Street
Philomath OR 97370
(541) 929-3169

DIRECT DEPOSIT OF PAYROLL CHECK
ENROLLMENT FORM

PRINT NAME: _____

Provided below is the information for the Direct Deposit of any payroll earned with the Philomath School District:

NAME OF BANK: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Type of account (check one):

- Checking Account Savings Account

I understand that if I change banks, change account numbers, close the account, or make any other change which will affect my Direct Deposit, I must notify the District Office immediately.

If notification is not given to the District Office by the 20th of the month and payroll has been processed with the old information, I will be responsible for any bank charges resulting in the cancellation and/or return of my payroll Direct Deposit transaction.

I give permission for my pay stub to be sent directly to me at the email address below:

Print email address: _____

Signature

Date

ATTACH A VOIDED CHECK AND RETURN THIS FORM TO THE DISTRICT OFFICE.

Financial institutions require a one-month verification process. Therefore, your **first paycheck will be sent to you** on payday while a trial verification is done.

If the verification process fails, you will be notified. Otherwise, all further paychecks will be directly deposited after the verification month.