



Eugene  
School  
District 4J

# Direct Deposit Payroll Authorization

Revised 1/07/2011  
Form Owner: Financial Services  
Form Location:

[http://www.4j.lane.edu/files/forms/finsvc/4j\\_finsvc\\_direct\\_deposit.pdf](http://www.4j.lane.edu/files/forms/finsvc/4j_finsvc_direct_deposit.pdf)

## USER INSTRUCTIONS

**Form Purpose:** Use this form to authorize the School District to pay you through the Payroll Depository Plan rather than by check. Each payday the net pay is deposited by the School District into the bank account indicated on this form.

**How to Complete this Form:** Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.

**How to Submit this Form:** Submit a hard copy of this form.

**Where to Send this Form:** Return a hard copy of this form to Financial Services-Payroll.

**Deadline:** Completed forms received in Financial Services by the 15<sup>th</sup> of the month will be processed in the current month.

**Additional Information:** Your next salary payment after Payroll processes this form will be an actual check. It will be mailed to your home address the day before pay day. Pay day is the last business day of the month. Subsequent salary payments will be deposited directly into your bank account. An online Direct Deposit Statement will be available the day prior to pay day each month. Information on how to access your statement will be emailed out each month once the statements are available.

## ACCOUNT INFORMATION – Type or Print name exactly as it appears on your bank account.

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

## PLEASE ATTACH A VOIDED CHECK HERE

JOHN SMITH	Bank Name	12345
1234 Any Street	Bank Phone #	96-7446/3232
Anytown, OR 97401		
Pay to the	Date _____	
Order of _____	\$ _____	
	Dollars	
For _____		
① 323274461 ② 000001234509 ③ 12345		

Routing Number ←

→ Bank Account Number

## CANCEL DIRECT DEPOSIT

I would like to **CANCEL** my Direct Deposit  (Please check box to authorize cancellation of direct deposit.)

## AUTHORIZATION

This Authorization will remain in effect until you have cancelled it in writing or upon rejection of a deposit by the bank because the account is closed.

District 4J Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FINANCIAL SERVICE USE ONLY

