

Fraser Public Schools

PAYROLL DEPARTMENT
DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

Primary Account New Change Cancellation

Amount

Net Check to Bank

Financial Institution Name _____

Checking Savings

BANK ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

Secondary Account New Change Cancellation

Amount

Financial Institution Name _____

Checking Savings

BANK ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

Secondary Account New Change Cancellation

Amount

Financial Institution Name _____

Checking Savings

BANK ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

I authorize Fraser Public Schools to deposit my pay automatically to the designated financial institution(s) and account(s) listed above each pay period. This authorization will also allow Fraser Public Schools to make adjustments to correct errors. I understand that I am responsible for all costs incurred for posting to a closed account, bounced checks, etc., related to wrong account number information which I provided to Fraser Public Schools.

Employee Signature Date

Employee Social Security Number Please Print Employee Name & Daytime Telephone Number

For account verification please return this completed form to the Payroll Office along with the following:

Checking Account: Original voided blank check.

Savings Account: Verification from your financial institution of routing transit and account numbers.

All questions regarding the direct deposit benefit should be forwarded to the Payroll Department at 586-439-7036.