



PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT (PDD)

I hereby authorize Franklin Central Supervisory Union (FCSU) to initiate credit entries to my account (s) as I have indicated below at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the legal provisions of the U. S. This authority is to remain in full force and effect until FCSU has received written notification of termination or change from me and in such time and manner as to give the FCSU and pertinent Financial Institution(s) a reasonable opportunity to act.

All accounts listed must be transaction accounts on which the employee requesting electronic transfer is and remains a signer.

Direct deposits follow a pre-defined payroll schedule, however; if a payroll distribution is delayed, or a variance in schedule or amount occurs, the FCSU/member district shall not be responsible for any overdrafts or bank fees. Should you find any discrepancies in your pay distribution, please notify your payroll representative immediately.

Your directive will be used for all payroll payments received throughout the FCSU and its member districts. If you experience a break in service you will be asked to complete a new PDD form. The FCSU reserves the right to request further information.

Please see instructions.

Employee Name PRINTED _____

Primary School _____

ACTION REQUESTED: Begin Direct Deposit Make a Change, this will replace any pre-existing PDD request.

Attach Voided Check(s) / Savings Coupons / Financial Institution documentation HERE.	<u>Priority One</u>	<u>Priority Two</u>	<u>Priority Three</u>
	Bank: _____ Route and Transit or ABA number: _____	Bank: _____ Route and Transit or ABA number: _____	Bank: _____ Route and Transit or ABA number: _____
	Account Number: _____	Account Number: _____	Account Number: _____
	Type: _____ Checking _____ Savings <input type="checkbox"/> Deposit Entire Net Pay Each Pay Period <input type="checkbox"/> Deposit \$ _____ of Net Pay Each Pay Period	Type: _____ Checking _____ Savings <input type="checkbox"/> Deposit Entire Net Pay Each Period (after priority 1) <input type="checkbox"/> Deposit \$ _____ of Net Pay Each Pay Period	Type: _____ Checking _____ Savings <input type="checkbox"/> Deposit Entire Net Pay Each Period (after priority 2) <input type="checkbox"/> Deposit \$ _____ of Net Pay Each Pay Period

I understand that it is my responsibility to notify FCSU payroll representative of any changes with regard to my PDD choices

Employee Signature

Date

Please terminate my direct deposit transactions previously submitted, I realize these will terminate on the next available payroll date once my form is received.

Employee Signature

Date

Office Use Only: Pre-Note Date _____ Initial Live Transaction: _____ Termination _____