

## DISTRICT 829 DIRECT DEPOSIT CHANGE FORM

My current banking information is a:

\_\_\_\_\_ CHECKING ACCOUNT                      \_\_\_\_\_ SAVINGS ACCOUNT

### Please make the following change to my direct deposit:

\_\_\_\_\_ Cancel this account. Effective date: \_\_\_\_\_

\_\_\_\_\_ Start new account. Effective date: \_\_\_\_\_

\_\_\_\_\_ Continue depositing to this account and begin additional account.

\$ \_\_\_\_\_ to new account. Effective date: \_\_\_\_\_

\_\_\_\_\_ This is a checking account.

\_\_\_\_\_ This is a savings account.

Deposits are made available to your bank on the designated payroll date. Earning statements will be issued on-line in place of a payroll check – listing all pay, deduction and benefit information. Payroll information is now available on-line from the District's website at [www.waseca.k12.mn.us](http://www.waseca.k12.mn.us).

\_\_\_\_\_ By initialing here, I am stating that I will access my payroll information on-line and I understand that a paper copy will not be printed for me, however **the first time I am paid from the district, or make any changes to my deposit information, I will receive a paper paycheck.**

**Banking information must be submitted to the District Office Payroll Coordinator 2 weeks before the change will go into effect.** 10-month employees receiving checks through the summer must have any new banking information submitted by June 1<sup>st</sup>. Bank information submitted for direct deposit after June 1 will not be made until the following September 15 payroll. **ALL** remaining summer deposits will be made using the information on file on June 2.

### **Please attach your banking information and return this form to the District Office Payroll Coordinator.**

*I authorize District 829 and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error for the current pay period only. If there are any other problems or adjustments needed, District 829 will work out details with me in person.*

\_\_\_\_\_  
EMPLOYEE NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\* Please staple check/deposit slip here.**