



ALBERT GALLATIN AREA SCHOOL DISTRICT
DISTRICT ADMINISTRATION OFFICE
 2625 MORGANTOWN ROAD, UNIONTOWN, PA 15401-6703
 Telephone: 724-564-7185 FAX: 724-564-7512

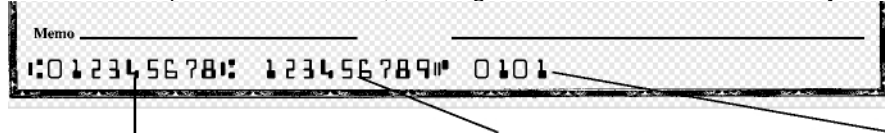
Full Service Direct Deposit Form

**Please print all information and return to Payroll*

To enroll in Full Service Direct Deposit, simply fill out this form and return to payroll. You **must** attach a voided check from your checking account, along with this form. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Please be advised that it may take up to two (2) payroll cycles for your paycheck to be directly deposited; this is to verify that the bank has received the correct account information.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit # (A 9-digit number always between these two marks)

Checking Account #

Check # (this number matches the number in the upper right corner of the check -- not needed for sign-up)

I hereby authorize the **Albert Gallatin School District**, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the **Albert Gallatin School District**, either directly or through its payroll service provider, to my account. In the event that the **Albert Gallatin School District** deposits funds erroneously into my account, I authorize the **Albert Gallatin School District**, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the **Albert Gallatin School District**, and Bank have received written notice from me of its termination in such time and in such manner as to afford the **Albert Gallatin School District** and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____

Date: _____

Social Security #: _____

★★You MUST attach a VOIDED check so that account information may be verified★★

Account Information

1. Bank Name/City/State: _____

Routing/Transit #: _____

Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ Or Entire Net Amount

(For office use only)

Notes:

Date Entered: _____

**Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.*