

# Automatic Payroll Deposit USD 489 Authorization Agreement

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Employees may deposit their salary in up to three accounts. Please attach a voided check for checking accounts and a copy of your savings card with account and routing numbers for all savings accounts.

## Check Applicable Box:

- New enrollment** (*Complete entire form and sign. Attach voided check and/or a copy of your savings card.*)
- Change of present financial institution and/or account).** (*Complete entire form, and sign. Attach voided check and/ or a copy of your savings card.*)
- Cancel participation.** (*Sign and return form.*)
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## Sequence 1:

Checking  Savings

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_ Account No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Specified Amount \_\_\_\_\_ or All \_\_\_\_\_

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## Sequence 2:

Checking  Savings

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_ Account No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Specified Amount \_\_\_\_\_ or Remainder \_\_\_\_\_

**Sequence 3:**

Checking

Savings

**Financial Institution** \_\_\_\_\_ **Branch** \_\_\_\_\_

**Account Name** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**100% of salary after Sequence 1 and 2 will go into this account.**

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I, the undersigned, authorize and request USD 489 to have my salary deposited directly to my checking and/or savings account as indicated above. I authorize and request the **FINANCIAL INSTITUTION** indicated above, hereinafter called **FINANCIAL INSTITUTION**, to credit the same to my account. I agree that my **FINANCIAL INSTITUTION** is not responsible for the correctness of any direct deposits to my account by USD 489 and shall not hold it liable for crediting my account accordingly. I understand that all ACH transactions are made on a provisional basis to become final as of the opening of business on the day following settlement day. I understand that finality of a transaction does not limit my **FINANCIAL INSTITUTION'S** rights to reserve transactions in compliance with NACHA Rules.

I also authorize the **FINANCIAL INSTITUTION** to credit the same to such account. Should an over deposit be made, the **FINANCIAL INSTITUTION** is authorized to debit such account and return to USD 489 the amount of any such overage.

This authority is to remain in full effect until USD 489 has received written notification from me of its termination in such time and manner as to afford USD 489 and my **FINANCIAL INSTITUTION** a reasonable opportunity to act on it. Termination of employment also voids this agreement.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**PLEASE ATTACH A PERSONALIZED VOIDED CHECK TO THIS FORM.**

(Return this form to the USD 489 Payroll Department by the first day of the month that the automatic deposit is to begin)