Kenai Peninsula Borough School District PAYROLL DIRECT DEPOSIT AUTHORIZATION

Name (please print)	E# or Social Security Number
Work Location	
I hereby authorize the KPBSD to make net payroll depo	osits to my account as indicated below:
Payroll remittance to:	
Checking	
Savings	Financial Institution
Financial Institution Routing Number	Account Number
ATTACH A VOIDED CHECK or BANK ISSUED DIRECT DEPOSIT AUTHORIZATION (Used to verify your bank transit routing and account number)	
I also authorize KPBSD, if necessary, to make adjustments to the above account to correct any credit entries made in error. This authority remains in effect as long as I am employed or until KPBSD receives written notice from me. I understand that thirty (30) days written notice is required to change financial institutions, account numbers or type of account. Direct Deposit begins after the above account information has been electronically verified. For employees on a 12-month pay option, changes for summer payrolls must be received by May 10 th . The next opportunity to change is September. If this form is received by the 10 th of the month, direct deposit will take effect at the end of the following month. It takes one full pay cycle to begin receiving payments via electronic direct deposit. If your form is received after the 10 th , direct deposit will be delayed for two pay periods. DIRECT DEPOSIT is not available to financial institutions in foreign countries. KPBSD reserves the right to refuse a financial institution if that institution does not comply with ACH regulations.	
Employee Signature	 Date