

Etiwanda School District
Direct Deposit Enrollment Agreement

<i>Name:</i> _____	<i>SSN#</i> <u>XXX - XX -</u> <i>(Last 4 Digits)</i>
<i>Position:</i> <input type="checkbox"/> <i>Certificated</i> <input type="checkbox"/> <i>Classified</i>	
<i>Option:</i> <i>Checking Account</i> _____ <i>(Attach page 2 completed by bank)</i>	
<i>(Check one)</i> <i>Savings Account</i> _____ <i>(Attach page 2 completed by bank)</i>	
<i>Financial Institution:</i> _____	

I, _____, shall hold harmless and indemnify the Etiwanda School District, hereinafter referred to as the District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any banking institution against the District in his capacity as an employer concerning the Payroll Warrant Disposition provided by the District.

I hereby authorize my above named employer to initiate credit entries and adjusting debit entries to my checking or savings account in order to directly deposit wages paid by my employer. I understand and agree to the following as a result of participation in this Electronic Funds Transfer (EFT) program.

*****IMPORTANT INFORMATION*****

The first pay period this agreement is active, a test is sent to the employee's bank confirming the existence of the account. A regular payroll check will be issued for the first pay period this agreement is active. Direct Deposit (EFT) will take effect the following pay period. The net pay will be deposited into the account and available to the employee on the pay date.

Employees receiving wages via electronic funds transfer (EFT) do not receive paper pay stubs from the District. Paper pay stubs can be viewed and/or printed from the BEST NET Employee Self Service Site. Instructions for establishing access are available at <http://www.etiwanda.k12.ca.us/payroll>.

Termination of this agreement must be made by written notification to payroll and is effective for the first payroll period in which it is received by the district prior to the established cutoff date.

Upon separation from the district, this contract will terminate itself.

NOTIFY THE PAYROLL DEPARTMENT IMMEDIATELY IF YOU CLOSE YOUR ACCOUNT

If a Direct Deposit cannot be credited to an account because it has been closed, the bank will reject the Direct Deposit and reroute it back to the employer. This return process may take several days. Participants in the program agree that if this happens they will wait for the funds to be received by the employer before receiving a payroll check.

Signature: _____

Date: _____

DISTRICT USE ONLY: PRE-NOTE EFFECTIVE _____ EFT EFFECTIVE _____

EFT (DIRECT DEPOSIT) ACCOUNT VERIFICATION

EMPLOYEE NAME

EMPLOYEE INSTRUCTIONS

Present this form to your financial institution for verification of the routing and account number you would like your wages electronically deposited to.

FINANCIAL INSTITUTION INSTRUCTIONS

Please enter the routing and account number information for the above named employee.

OR

Attach a copy of a financial institution issued Direct Deposit Form.

Routing/Transit #: _____

Account #: _____

Account Type:

Checking:

Savings:

Signature of Financial Institution Employee

Date