MESA COUNTY VALLEY SCHOOL DISTRICT 51
DIRECT DEPOSIT FORM

EFFECTIVE PAYROLL DATE (MM/YY):_____ EMPLOYEE ID: _____

NAME: (LAST, FIRST, MI): _____

PHONE NUMBER: _____ WORK LOCATION: _____

ELECTRONIC DEPOSIT OPTIONS

☐ **DIRECT DEPOSIT 1 (FLAT AMOUNT ONLY)**

AMOUNT $_____

NAME OF FINANCIAL INSTITUTION:

_____

☐ CHECKING ☐ SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

☐ **DIRECT DEPOSIT (Remainder of Net Pay)**

NAME OF FINANCIAL INSTITUTION:

_____

☐ CHECKING ☐ SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ONE OF THE FOLLOWING IS REQUIRED PER DIRECT DEPOSIT (CHECK ONE):

- ☐ VOIDED CHECK WITH EMPLOYEE'S NAME IMPRINTED (NO STARTER CHECKS)
- ☐ BANK LETTER OR SPECIFICATION SHEET
- ☐ OTHER BANK DOCUMENTATION SHOWING OWNERSHIP OF ACCOUNT

PAYROLL USE ONLY: KEYED TO IFAS: _____ DATE: _____ CHECKED: _____ EMAIL SENT: _____

☐ **PAYCARD DEPOSIT**

NAME OF FINANCIAL INSTITUTION: SKYLIGHT FINANCIAL

ROUTING NUMBER: 264171241

EMPLOYEE SSN: _____ DOB: _____

HR/PAYROLL USE ONLY: ACCOUNT #: _____ AUTHORIZATION #: _____

KEYED TO SKYLIGHT: _____ KEYED TO IFAS: _____ DATE: _____ CHECKED: _____

Employee Confirmation Statement

IF FUNDS TO WHICH I AM **NOT** ENTITLED ARE DEPOSITED IN MY ACCOUNT, I AUTHORIZE THE DISTRICT TO DIRECT THE FINANCIAL INSTITUTION TO RETURN SAID FUNDS. THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL I HAVE FILED A NEW AUTHORIZATION, OR HAVE TERMINATED MY EMPLOYMENT WITH THIS DISTRICT, OR THE FINANCIAL INSTITUTION HAS NOTIFIED THE DISTRICT OF ITS TERMINATION OF THIS AGREEMENT. I ALSO UNDERSTAND THAT IF I TERMINATE MY EMPLOYMENT WITH THE DISTRICT THAT MY FINAL EARNINGS WILL BE DIRECT DEPOSITED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. I FURTHER UNDERSTAND THE DISTRICT SHALL NOT BE HELD RESPONSIBLE FOR ANY CHANGES IN RULINGS OR REGULATIONS OF ANY FINANCIAL INSTITUTIONS.

I AUTHORIZE MY FINANCIAL INSTITUTION TO PROVIDE MCVSD 51 WITH ANY AND ALL INFORMATION NEEDED TO INITIATE OR MODIFY THE ELECTRONIC DEPOSIT OF MY MONTHLY PAYROLL PAYMENT. SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, THE NAME ON THE ACCOUNT, THE ACCOUNT NUMBER, AND THE ROUTING NUMBER. I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL AND ANY INFORMATION OBTAINED BY MCVSD 51 WILL BE USED FOR THE SOLE PURPOSE OF INITIATING OR MODIFYING THE ELECTRONIC DEPOSIT OF MY MONTHLY PAYROLL PAYMENTS.

SIGNATURE _____ DATE _____