



Boise School District DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

EMPLOYEE INFORMATION:

LAST NAME	FIRST NAME	M	EMPLOYEE ID NUMBER
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

You can list up to 4 bank accounts below. State the specific amount you would like deposited into each account. Please attach a voided check or bank document including the routing and account number.

****PRIMARY BANK ACCOUNT WILL RECEIVE THE BALANCE OF YOUR NET PAY**

ACTION TYPE: NEW CHANGE STOP

PRIMARY BANK NAME: CHECKING **OR** SAVINGS

9-DIGIT ROUTING NUMBER: ACCOUNT NUMBER:

ACTION TYPE: NEW CHANGE STOP

2ND BANK NAME: SPECIFIC AMOUNT CHECKING **OR** SAVINGS

9-DIGIT ROUTING NUMBER: ACCOUNT NUMBER:

ACTION TYPE: NEW CHANGE STOP

3RD BANK NAME: SPECIFIC AMOUNT CHECKING **OR** SAVINGS

9-DIGIT ROUTING NUMBER: ACCOUNT NUMBER:

ACTION TYPE: NEW CHANGE STOP

4TH BANK NAME: SPECIFIC AMOUNT CHECKING **OR** SAVINGS

9-DIGIT ROUTING NUMBER: ACCOUNT NUMBER:

I hereby authorize the Independent School District of Boise City to directly deposit any salary and wages due to me; less any mandatory or authorized withholding or deductions therefrom in the above designated account(s). If at any time the amount of salary or wages deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the Independent School District of Boise City to either:

- a. Withhold a sum equal to the overpayment from future salary or wages; or
- b. Recover such overpayment from the above-designated account(s).

I understand that by not providing a voided check or bank document containing the routing and account number, I accept full responsibility for the routing and account numbers provided on this form. Further, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the district assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance is returned to the district by the financial institution.

I understand that I must notify the district in writing, using the BSD Direct Deposit Authorization form at least thirty (30) days prior to closing any account that is established under this program. I understand that the BSD utilizes an Electronic Pay Stub for all employees enrolled in the Direct Deposit Program.

While most financial institutions post funds to accounts at the beginning of the banking business day, this is not a universal practice. Some institutions post funds in the afternoon. We strongly recommend you check with your financial institution to determine when your funds will be available.

Signature of Employee _____
Date

RETURN TO PAYROLL