

CENTRAL CITY PUBLIC SCHOOLS

Payroll Department, Box 57, Central City, NE 68826-0057 (308) 946-3055

DIRECT DEPOSIT AUTHORIZATION FORM

INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION FORM - Please type or print in ink.

- * Check transaction type and complete designated section
- * Alterations must be initialed
- * Make a copy for yourself before you submit this form
- * For further instructions, see page 2

TRANSACTION TYPE

<input type="checkbox"/>	New Setup (Complete Sections 1, 2, and 3)
<input type="checkbox"/>	Change (Complete Sections 1, 2, and 3)
<input type="checkbox"/>	Cancellation (Complete Sections 1 and 3)

PAYROLL OFFICE USE ONLY

Date Received	_____
Effective Date	_____

SECTION 1 - EMPLOYEE INFORMATION

Employee SSN _____			
Last Name _____	First Name _____	Middle Initial _____	
Home Address _____	City _____	State _____	Zip _____

SECTION 2 - EMPLOYEE'S BANK OR CREDIT UNION INFORMATION

Name of Bank or Credit Union _____			
Attach a voided check			
Address _____			
City _____	State _____	Zip _____	Phone _____
Routing Transit Number _____	Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Customer Account Number _____			

SECTION 3 - EMPLOYEE CONSENT AND AUTHORIZATION

I hereby authorize Central City Public Schools, herein after referred to as CCPS, to deposit by Electronic Transfer payments owed to me by CCPS and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. CCPS shall deposit the payments in the Financial Institution and account designation above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and CCPS's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, or amended, or repeated.

Employee Signature _____	Date _____
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INSTRUCTIONS

NEW SETUP Place an X beside the **New Setup** transaction and complete all of Sections 1, 2, and 3. A voided check must be attached. *Submit this form to the Payroll Department.* Refer to the **Form Deadlines** section to determine the effective date of this request for Direct Deposit.

CHANGES Place an X beside the **Change** transaction and complete all of Sections 1, 2, and 3 to make a change to your Account Number, Type, or Financial Institution. A voided check must be attached. *Submit this form to the Payroll Department.* Refer to the **Form Deadlines** section to determine when your changes will be in effect.

CANCELLATION Place an X beside the **Cancellation** transaction and complete Sections 1 and 3. Refer to the **Form Deadlines** section below to determine when your cancellation will be effective.

FORM DEADLINES The Payroll Department requires a reasonable period of time to process this form. Please pay close attention to the following information in determining when your change will be effective:

Your authorization form must be returned to the payroll department by the twenty-fifth day of the prior month in order for your next check to be direct deposited into your account. For example, we must receive your completed authorization form by February 25th in order for your March 10th check to be direct deposited into your account. **The same deadline applies for cancellations and changes**

Monthly Payday You are paid once a month on the 10th, contact the payroll department for payroll periods

* Once your direct deposit is in effect, your Earnings Statements will be available for viewing on Web Link or emailed to you at the address listed on your employee file.

* The employee is responsible for reporting cancellations or changes to the Payroll Department in a timely manner.

* If you are returning to employment after a separation from CCPS, check with the Payroll Department to determine whether your prior Direct Deposit Authorization is still in effect.