



DIRECT DEPOSIT REQUEST FORM

LIMIT OF THREE (3) TRANSACTIONS

Please complete form in its entirety.

START UPS AND CHANGES TAKE 2 PAY CYCLES TO BEGIN

Going GREEN is a HUGE success!

EMPLOYEE NAME: _____ SCHOOL: _____

COMPLETE ADDRESS: _____

EFFECTIVE DATE: _____

| | |
|-----------------------------------|--------------------------|
| NAME OF BANK #1: _____ | ROUTING NUMBER #1: _____ |
| ACCOUNT #1: _____ | AMOUNT: \$ _____ |
| <input type="checkbox"/> CHECKING | |
| <input type="checkbox"/> SAVINGS | |

| | |
|-----------------------------------|--------------------------|
| NAME OF BANK #2: _____ | ROUTING NUMBER #2: _____ |
| ACCOUNT #2: _____ | AMOUNT: \$ _____ |
| <input type="checkbox"/> CHECKING | |
| <input type="checkbox"/> SAVINGS | |

| | |
|-----------------------------------|--------------------------|
| NAME OF BANK #3: _____ | ROUTING NUMBER #3: _____ |
| ACCOUNT #3: _____ | AMOUNT: \$ _____ |
| <input type="checkbox"/> CHECKING | |
| <input type="checkbox"/> SAVINGS | |

PLEASE ATTACH A VOIDED CHECK OR BANK PROVIDED DOCUMENT VERIFYING EACH ACCOUNT.

By signing up for Direct Deposit, your payroll voucher will now be received electronically. The voucher can be saved electronically and will be password protected on all platforms.

The electronic voucher can be sent to your **personal or school email**. Please complete the information below.

School **or** Personal **email address**: _____

The payroll department is activating each request as they are received. Watch your inbox for an email during the next pay week with the subject "YOUR DIRECT DEPOSIT ADVICE ATTACHED". Opening the attachment will require a **password**, which will be automatically set up as the **last 4 digits of your social security number**.

The following disclosure must be signed to process this form:

By signing this agreement, I authorize the Town of Plymouth to initiate credit entries to the accounts indicated above for the purpose of processing my payroll. I also authorize the Town of Plymouth to initiate, if necessary, debit entries and adjustments for the purpose of correcting any credit entries made in error.

Employee Signature

Date

Please return this form to the Plymouth Public Schools Administration Building - Payroll Department

Sincerely,

Brad Brothers
School Business Administrator