



Greenfield Union School District DIRECT DEPOSIT AUTHORIZATION

- Initial Enrollment:** I wish to enroll in direct deposit. You must attach a voided check or a copy of a voided check to this form.
- Change/Correction:** I am enrolled in direct deposit and wish to change or correct my prior authorization. You must attach a voided check or a copy of a voided check to this form.
- Cancel:** I wish to un-enroll from direct deposit.

Name	SSN # (Last 4): <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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This Authorization shall become effective with the 2nd payroll warrant issued after this form is submitted, and shall remain in effect until you provide Employer a copy of this form indicating that you wish to unenroll, and after a reasonable processing period, or upon termination of your employment.

By signing this Authorization, you agree that Employer may not be held responsible if your bank does not receive or post your payroll warrant to your account or if your payroll warrant is not credited to your bank account on payday. You further agree to hold harmless Employer for any claim, liability, loss, injury, or damages arising out of your enrollment in direct deposit, including, but not limited to, claims arising out of the unauthorized access of personal and/or financial information or out of identity theft. It is your responsibility to submit current and accurate information and to promptly notify Employer of any changes to the information on this form, such as a change in your financial institution, account number, or email address.

Employee Initials: _____

Paperless Pay Advices: Employer encourages employees who elect to receive paychecks through direct deposit to receive paperless pay advices (commonly known as “pay stubs” or “wage statements”) at their personal email addresses through the Escape payroll system. Paperless pay advices will be delivered in a secured, password-protected portable document format (PDF).

By signing below, I hereby consent to receiving my pay advices electronically by email. I understand and voluntarily assume the risks inherent in transmitting my personal and financial data electronically, and I acknowledge that I am solely responsible for the privacy of my email account and maintaining the confidentiality of my password and email account information. The password is your six (6) digit Escape Employee ID.

Employee Email Address: _____ **Employee Initials:** _____

- Opt out:** I do not wish to receive paperless pay advices. Please provide me with printed pay advices.

**Attach a voided check here
*No deposit slips accepted**

Direct Deposit status is not activated for 31 days following a \$0.00 test transaction for NEW or Change authorization.

Routing number and accounting number must be verified by financial institutions through a test transaction.

Employee Signature

Date

RETURN COMPLETED FORM TO THE DISTRICT PAYROLL OFFICE