

# MEMORANDUM

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To: All Jackson R2 Employees  
From: Bleau Deckerd  
Re: Direct Deposit

Jackson R2 offers direct deposit for all employees. This is an optional service.

If you choose to utilize direct deposit:

- The service is limited to one account only.
- Your entire monthly check including any extra duty funds will be deposited.
- You will receive a detailed voucher listing your direct deposit account number along with the same information you now receive, i.e. leave balances, itemized deductions and W-4 information.

In order to enroll in direct deposit, you will need to provide the following:

- Completed Authorization Agreement for Direct Deposits (attached)
- Voided Check (NO deposit tickets, please)
- If deposit is to a savings account, please contact your bank for the savings account routing number and your account number.
- Each individual employee must complete an authorization. Married couples **may not** submit one form jointly.

Incomplete Authorization Agreements will be returned and could result in a delay of the direct deposit process.

Please complete the Authorization Agreement in its entirety and return it along with your voided check (if applicable) to the Board Office, attn: Pam Cook. For bank notification purposes, completed agreements must be received 15 days prior to your payroll date. Authorization Agreements not received within the above time frame will be processed on the next payroll.

Feel free to direct any questions to Pam Cook, Payroll Coordinator at 243-9501.

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

Company Name JACKSON R-II PUBLIC SCHOOLS

Company ID Number 43-6011976

I hereby authorize JACKSON R-II PUBLIC SCHOOLS, hereinafter called COMPANY, to initiate credit entries to my <sup>[A]</sup><sub>[AFS]</sub> **Checking Account**/<sup>[A]</sup><sub>[AFS]</sub> **Savings Account** (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

Depository Name \_\_\_\_\_ Branch n/a

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_ ID Number (SS#) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*Please staple check here*

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Bank Code

\_\_\_\_\_ Bank Code/Acct # Employee Record(s)

\_\_\_\_\_ Mode of Payment in EACH Work Record

\_\_\_\_\_ Entered \_\_\_\_\_ Prenote \_\_\_\_\_  
Date Date Date

\_\_\_\_\_ Deleted \_\_\_\_\_  
Date