

Electronic Funds Transfer (EFT)/Direct Deposit Employee

Authorization

Initial Enrollment

Change

I authorize Eastpointe Community Schools to deposit the **NET** of my pay automatically to the designed financial institution and account listed below each pay period. This authorization will also allow Eastpointe Community Schools to make any adjustments to correct errors.

I understand that I am responsible for all costs incurred for posting to a closed account, bounced checks, and etc. related to wrong account number information which I provided to East Detroit Public Schools. I also understand deposits may <u>only</u> be made to my checking or savings account and cannot be made to a mutual fund or any other type of account.

This authority will remain in effect until I have changed it in writing. I also understand that the enrollment/changes authorized will become effective with the first pay period possible based on the processing time of the Payroll Department and the initializing time required by the bank.

Emplo	vee	Signature
	,	e.g

Date

Please obtain the transit routing number from your financial institution and return the completed form to the Administrative Services Office with a blank "VOIDED" check, if available.

Employee Number

Employee Name

Financial Institution Name

Street Address of Financial Institution

City	State	Zip		
Checking				
		Account Number		
Savings				
	 Ti	Transit Routing Number		