## INTERBORO SCHOOL DISTRICT ☐ New to Direct Deposit Program ☐ Add/Change/Delete Existing Direct Deposits PAYROLL DIRECT DEPOSIT AUTHORIZATION ☐ Stop Direct Deposit

Employee #				Employee Name			
	Add	Transit Routing Number	Account Nun	ıber	Deposit Type	Account Type	
	Change				□ Amount \$	☐ Checking	
	Delete						
					□ Net	☐ Savings	
Fin	ancial Institution						
		T	T				
	Add	Transit Routing Number	Account Nun	ıber	Deposit Type	Account Type	
	Change				□ Amount \$	☐ Checking	
	Delete						
					□ Net	☐ Savings	
Fin	ancial Institution						
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	Change				□ Amount \$	☐ Checking	
	Delete						
					□ Net	☐ Savings	
Fin	ancial Institution						

IF YOU SELECTED CHECKING ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM. IF YOU SELECTED SAVINGS ACCOUNT, ATTACH A DEPOSIT SLIP TO THIS FORM.

Employee Signature	Date

<sup>\*</sup> Adding a new direct deposit of changing account type requires a prenote to be sent to the bank before the add or change becomes effective. A prenote sends your account type, routing number, and account number to the bank to assure the accuracy of the numbers. This process takes approximately 2 pay cycles. Do not close any account until the deletion is made through payroll. During the prenote process, you will receive a "live" check.

## Paperless Payroll Advices

O I understand I will receive an e-mail prior to payday and the direct deposit funds will not be available until the actual pay date. Upon receipt of your paperless advice, you will be asked for your password. Your password is the last 4 digits of your social security number. This password cannot be changed. Once you open the document, save the document to a folder on your computer. You may print the payroll advice whenever you wish. If using an e-mail other than an Interboro e-mail address, please make sure the e-mail you receive does not go in to your spam.
Employee # : Full Name:
Employee E-mail Address Where to Receive Payroll Advice:
(Any changes to your e-mail address in the future, please notify the Payroll Department immediately.)
Date: Employee Signature

## PLEASE PRINT LEGIBLY