

Employee Direct Deposit Paystub Email Authorization Form

Fill out Direct Deposit form on the back if needed.

Electronic Authorization:

I hereby authorize the Custer School District to submit my pay stub to my E-mail address provided below. I understand I will receive this email version of my pay stub in place of the paper version.

I also understand that this E-mail address will continue to be the address until the Custer School District Business Office receives WRITTEN notice from me of a change of electronic mail address. Receiving an electronic version of my pay stub will remain in effect until the Custer School District Business Office receives WRITTEN notice from me that I choose to receive a paper version of my pay stub.

Employee Name (Please Print):

Employee Signature:

Email Address:

Date:

Contact the Custer School District Business Office with any questions or concerns.
Custer School District, 527 Montgomery St. Custer SD 57730, 605-673-3154.

Authorization Agreement for Direct Deposits (ACH Credits)

Custer School District #16-1/Company ID Number: 46-6001309

I hereby authorize Custer School District #16-1, hereinafter called the COMPANY,
to initiate credit

entries to my account(s) indicated below at the depository financial institution
named below, hereinafter

called DEPOSITORY, and to credit the same to such account.

Please attach a VOIDED check Or Photocopy of a Check to this agreement.

Deposit slips DO NOT always have the correct numbers

MAIN ACCOUNT

(The full amount or balance of your deposit will go into this account.)

DEPOSITORY NAME _____

CITY _____ State _____ Zip _____

ROUTING NUMBER _____

ACCOUNT NO. _____

This account is (circle one) · checking · savings

SECOND ACCOUNT (OPTIONAL) You may designate a fixed amount to be deposited into a second account, such as a savings account, each month.

DEPOSITORY NAME _____

CITY _____ State _____ Zip _____

ROUTING NUMBER _____

ACCOUNT NO. _____ AMOUNT _____

This account is (circle one) · checking · savings

This authorization is to remain in full force and in 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 _____

(Please print clearly)

DATE: _____ SIGNED _____

Please return to the Business Office by the 15th of the month.