

## IMPORTANT DIRECT DEPOSIT INFORMATION

Direct deposit and email notification of your Direct Deposit stub is mandatory for all **NEW** employees of the Madeira City School District. Pay dates will be on the 1<sup>st</sup> and 15<sup>th</sup> of each month. Your net pay will be electronically transferred to the financial institution of your choice. You may have your funds deposited into a checking and/or savings account, however, 100% of your net pay must be electronically transferred.

You will receive an email of your direct deposit stub on each pay date. The direct deposit stub is **NOT** verification that your funds have been deposited into your account. It is your responsibility to confirm the receipt of funds to your account. In most cases, your net pay will be posted to your account at 12 midnight of each scheduled payday. Please confirm with your banking institution to determine when your funds will be posted.

I would suggest that if you have automatic payroll deduction for bills that you set them up on the 2<sup>nd</sup> or 16<sup>th</sup> of each month rather than the 1st and 15th.

Please complete the authorization form on the back. You will need to have the bottom portion of the form **VERIFIED** and **SIGNED** by a representative from your financial institution or you must attach a canceled check. I would recommend that you verbally verify your routing and account # with your bank because there have been instances where the routing # on your check is **NOT** the correct number. This is especially true for savings accounts. If you choose to deposit into a checking and savings account, you must indicate an amount for one account and the remainder of your net pay will be put into the other.

You should verify that your funds have been transferred into your account on each pay date. If you should find that the transmission did not take place, please notify **Melody** at 924-3701. **Madeira City School District** is not responsible for insufficient funds in your account, so please take the time to check your account on each payday.

The completed authorization form must be returned to the treasurer's office. In the event you should close or change your bank account, please notify Melody in writing and expect at least 30 days for the changes to take effect.

If you have any questions, please feel free to call Melody at extension #1332 or email at: [melody@madeiracityschools.org](mailto:melody@madeiracityschools.org).

\_\_\_\_I have read and understand the above information. Please initial.

**AUTHORIZATION AGREEMENT  
FOR DIRECT DEPOSIT**

\_\_\_\_\_NEW ENROLLMENT

\_\_\_\_\_CHANGE ENROLLMENT

I hereby authorize the Madeira City School District, hereinafter called District, to initiate electronic entries to my checking and/or savings account indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

_____CHECKING ACCOUNT	\$ _____AMOUNT
Financial Institution Name _____	
City, State _____	
Routing/Transit Number _____	
(ACH number of the Financial Institution)	
Account # _____	

_____SAVINGS ACCOUNT	\$ _____AMOUNT
Financial Institution Name _____	
City, State _____	
Routing/Transit Number _____	
(ACH number of the Financial Institution)	
Account # _____	

This authority is to remain in full force until you separate from the employment of Madeira City Schools. Making changes (new account, new allocation of funds) requires written notification. MCS and your Financial Institution could take 30 days to update your requested changes.

NAME \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EMAIL ADR REQUIRED FOR PAY STUB:** \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY AN EMPLOYEE OF THE BANK OR DEPOSITORY INSTITUTION**

I certify that the above routing/transit number, and account number are valid, and we are an ACH member.	
Name _____	Phone # _____
Title _____	Institution _____