



315 South Harrison Drive, Corydon, IN 47112 • Phone (812) 738-2168 • Fax (812) 738-2158

### DIRECT DEPOSIT

Employees of South Harrison Community School Corporation are required to sign up for Direct Deposit. With Direct Deposit your net pay is automatically deposited into your checking and/or savings account at virtually any financial institution you choose. (Most financial institutions are capable of receiving direct deposits. If you are unsure, contact your financial institution before signing up.) Instead of a check, you will receive a Deposit Advice showing the distribution of your pay. Your pay will be electronically transferred in your checking and/or savings account and available to you on payday by 9:00 A.M. Your entire net pay is deposited. We can not Direct Deposit a portion of your pay and put the remainder of your pay in a payroll check.

To authorize automated deposit of your pay (Direct Deposit), please complete the attached *Authorization Agreement For Direct Deposit* then return the form **and a voided blank check to our payroll department**. The voided check is necessary for verification of your account. Prior to pay day, a pre-notification will be sent to the bank to ensure credit is made to the appropriate account and financial institution. You must allow one (1) pay period before the actual Direct Deposit pay.

Additional Authorization for Direct Deposit forms are available by contacting the Administration Office.

### CHANGING OR CLOSING YOUR ACCOUNT OR FINANCIAL INSTITUTION:

You will need to inform our payroll department and complete a new authorization form. You must allow one (1) pay period before your pay is credited to the new account. Keep your old account open until your pay is deposited into your new account to avoid any delays in crediting your account.

### CORRECTIONS:

Corrections to payroll will be rectified as soon as possible, depending on the circumstances involved. It could involve issuing a separate check directly to the employee or the employee issuing a personal check to payroll. Minimal problems will be adjusted on the next pay.

Please call (812) 738-2168 if you have any questions.



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## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

SOUTH HARRISON COMMUNITY SCHOOL CORPORATION  
315 SOUTH HARRISON DRIVE  
CORYDON, INDIANA 47112  
(812) 738-2168

I hereby authorize South Harrison Community School Corporation to initiate credit entries to my Checking and/or Savings Account, as indicated below at the Financial Institution named below. This authority is to remain in full force and effect until South Harrison Community School Corporation has received written notification from me of its termination in such time and in such manner as to afford South Harrison Community School Corporation and the Financial Institution a reasonable opportunity to act on it.

_____ NAME OF FINANCIAL INSTITUTION	_____ BRANCH
_____ CITY	_____ STATE/ZIP CODE
FINANCIAL INSTITUTION ROUTING TRANSIT NUMBER: _____ (Look between symbols “ : : “ on your check or call your financial institution.)	
CHECKING ACCOUNT NUMBER _____	
SAVINGS ACCOUNT NUMBER _____	AMOUNT \$ _____
_____ EMPLOYEE NAME (PLEASE PRINT)	_____ EMPLOYEE NUMBER
_____ EMPLOYEE SIGNATURE	_____ DATE

**REMEMBER TO INCLUDE A COPY OF A VOIDED BLANK CHECK WITH THIS AUTHORIZATION**