

ARLINGTON HEIGHTS SCHOOL DISTRICT 25  
1200 S. Dunton Avenue  
Arlington Heights, Illinois  
(847) 758-4885

**DIRECT DEPOSIT PAYROLL PROGRAM**

Arlington Heights School District 25 offers a Direct Deposit Payroll Program for its employees. This program utilizes electronic funds transfer to provide a timely, accurate and convenient method of depositing payroll funds. Automated payments **eliminate mail delays and late deposits**. Instead of receiving a paycheck which needs to be taken to the bank, employees receive an advice of deposit form, or can retrieve it from Employee Access, showing the amount of the deposit as well as all the information a regular paycheck would include.

INSTRUCTIONS: Complete the form below and ***attach an unsigned and voided check*** from your account to assist in verifying data. Return the form to the Payroll Department.

**PLEASE NOTE: Direct Deposit will not begin until all employment paperwork has been completed and turned in to the Payroll Department.**

(do not detach)

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**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**  
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I (we) authorize Arlington Heights School District 25, hereinafter called "Company", to initiate credit entries to my (our) checking/savings account indicated below and the institution named, hereinafter called "Institution", to deposit to the same such account.

I (we) further authorize "Company" to initiate debits to my (our) account to correct any errors, and "Institution" to initiate any such corrections to my (our) account.

This authority is to remain in full force and effect until "Company" and "Institution" have received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Company" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

**PRIMARY ACCOUNT** Checking \_\_\_ Savings \_\_\_ (check one)

Client Name \_\_\_\_\_

Institution Routing No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Client's Acct. No. \_\_\_\_\_

Client Address \_\_\_\_\_

Institution Name \_\_\_\_\_

Client City,State,Zip \_\_\_\_\_

Institution Address \_\_\_\_\_

Client Phone No. \_\_\_\_\_

Institution City,State,Zip \_\_\_\_\_

Client Email Address \_\_\_\_\_

Institution Phone No. \_\_\_\_\_

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

**The first pay after initiating or changing Direct Deposit information, will be in the form of a check, not an Advice of Deposit, in order to prenote the information at the bank without depositing the money.**

**SECONDARY ACCOUNT** Checking \_\_\_ Savings \_\_\_ (check one)

Amount Per Pay Period \_\_\_\_\_

**The second pay will be in the form of a Direct Deposit, as long as the information submitted is correct.**\*\*\*\*\*

Institution Routing No. \_\_\_\_\_

Client's Account No. \_\_\_\_\_

Client Signature \_\_\_\_\_

Institution Name \_\_\_\_\_

Institution Address \_\_\_\_\_

Date \_\_\_\_\_ School/Location \_\_\_\_\_

Institution City,State,Zip \_\_\_\_\_

Institution Phone No. \_\_\_\_\_