Official Use only	Payroll Offic	ce	HR Identity Verification
Posted by:	Received by:	Verif	ied By:
Audited by:	Date:		Date:
Important Please hand deliver your completed Direct Deposit information personally to the Oak Ridge Schools Human Resources Department. (This additional layer of security is to protect your personal and banking information requests cannot be submitted via school mail or electronically.)			
OAK RIDGE SCHOOLS			
DIRECT DEPOSIT ENROLLMENT FORM			
Authorized Agreement for Automatic Deposits (ACH) Credits			
I authorize Oak Ridge Schools and the financial institution listed below to electronically deposit my net pay to the specified account each payday:			
<u>Select</u>	Only One: Check	king	Savings
Bank Name			
City	State	Zi	p
Bank Transit/ABA Number (Routing Number) Employee's Bank Account Number			
I have attached the required VOIDED CHECK or DIRECT DEPOSIT AUTHORIZATION from my bank.			
If monies to which I am not entitled are deposited to my account, I authorize Oak Ridge Schools to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employement with Oak Ridge Schools.			
Employee Name (Pleas	e Print)	Social Security Numbe	er
Signature		Date	
Attach check here			
NOTE: Each time an employee submits this form a pre-note process must be completed prior to the first deposit. During this period of 1-3 pay cycles you will receive paper checks.			