PHRST PAYROLL REQUEST
Direct Deposit Authorization Form

TO: Christina School District	Phone: 552-2672	FAX: 552-2699	Date:

Employee Name: _____ Work Phone: _____

Empl ID: _____ Social Security Number: _____

Direct Deposit Instructions:

Direct deposits are distributed to accounts in order of the priority starting with priority '100'. If only one banking instruction is set up, **Section A** will designate the account to receive 100% of net pay. If there are multiple banking instructions in **Section B** then **Section A** will designate the account to receive any balance funds left over after all other direct deposits are processed. The last priority will be established for that account.

Section A: 100% Net/Balance Account: The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

100% Net Pay/Balance _____ (Transit #) _____ (Account #) ☐ Checking ☐ Savings

Bank Name: _____

Bank Address: _____

Section B: Additional Accounts For Multiple Direct Deposits

_____ (Priority) _____ (Flat Amount) _____ (Transit #) _____ (Account #) ☐ Checking ☐ Savings

Bank Name: _____

Bank Address: _____

_____ (Priority) _____ (Flat Amount) _____ (Transit #) _____ (Account #) ☐ Checking ☐ Savings

Bank Name: _____

Bank Address: _____

_____ (Priority) _____ (Flat Amount) _____ (Transit #) _____ (Account #) ☐ Checking ☐ Savings

Bank Name: _____

Bank Address: _____

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds. I understand the account marked as "Balance" will also be used for the direct deposit of Flexible Spending Account refunds from the State of Delaware, if I participate in a Flexible Spending Account.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: _____ Date: _____

A COPY OF A VOIDED CHECK, SAVINGS PASSBOOK OR BANK STATEMENT SHOWING THE ACCOUNT NUMBER FOR EACH ACCOUNT MUST ACCOMPANY THIS FORM