Direct Deposit Application for Payroll
(Electronic Funds Transfer)

Application Type New ☐ Change ☐ Cancel ☐

Application Information (Please type or pint all information)

Employee ID # _____ Preferred Email Address _____ ( ) Home Phone _____

Name Last _____ First _____ Middle _____

Account Information (Call your financial institution regarding questions in this section)

Name of Financial Institution: _____

Routing Transit Number (9 digits) _____ Account Number _____

* Amount _____ Savings ☐ Checking ☐

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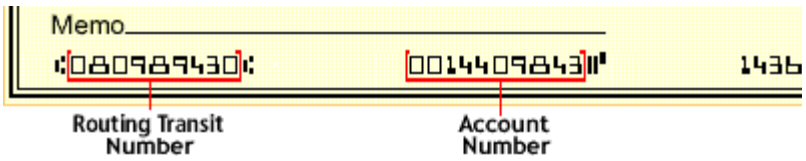
Routing Transit Number (9 digits) _____ Account Number _____

* Amount _____ Savings ☐ Checking ☐



* Enter the dollar amount you wish to have deposited or enter "NET" for balance of check. If using two financial institutions, the 2nd must be for the NET remaining amount of your check.

You must attach a voided check or other bank documentation for each account listed above.

I authorize Charlotte Public School District to deposit my pay by electronic transfer into the designated financial institution(s) and account(s). I understand this authorization remains in effect until canceled by: (a) myself; (b) my death or legal incapacity; (c) the financial institution; (d) by Charlotte Public School District.

I authorize Charlotte Public School District to recover money electronically deposited to my account in error, either by adjusting the account or withholding any future payments.

I agree to comply with the State of Michigan rules about electronic transfers. Michigan law governs electronic fund transactions in all respects except as otherwise superseded by federal law.

Employee's Signature: _____ Date: _____

Office Use ONLY:	Date Received:	Effective Date:	Processed By: