

OSSEO AREA SCHOOLS



Direct Deposit Election Form

Authorization Agreement

ISD #279 – Osseo Area Schools requires all employees to receive payment for wages via direct deposit as permitted by MN Statute 471.426.

I hereby authorize ISD #279 – Osseo Area Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize ISD #279 – Osseo Area Schools to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold ISD #279 – Osseo Area Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

My signature further indicates agreement to receive my paystubs electronically.

This agreement will remain in effect until ISD #279 – Osseo Area Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department, or upon separation of my employment from the District.

Account Information

Name of Financial Institution: _____

Checking | Savings

REQUIRED: Attach a voided check or a bank generated notice with your routing and account numbers. Deposit slips are NOT accepted as they do not provide the appropriate information for direct deposit initiation. **PLEASE NOTE:** Failure to provide this information will delay direct deposit and payment will be made via paper check delivered by the USPS at your home address on file.

Signature

Employee ID Number: _____

Printed Name: _____

Signature: _____ Date: _____