

Portland Public Schools
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Portland Public Schools to make payment of any amounts owing to me for employment to my account indicated below and the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Please indicate if this is a new enrollment or change to an existing direct deposit enrollment.

NEW OR

CHANGE IN BANK / ACCOUNT / AMOUNT (CIRCLE ONE)

1) Primary Account:

Deposit Amount\$ _____ OR Deposit Percentage _____ % OR Net Pay _____

Select only one option

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

2) Secondary Account: Deposit Amount\$ _____ OR Deposit Percentage _____ %

Select only one option

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until Portland Public Schools has received written notification from me of its termination in such time and manner as to afford Portland Public Schools and the FINANCIAL INSTITUTION a reasonable opportunity to act on it. The following exceptions also apply:

- Portland Public Schools shall have the right to debit my account if a credit was made erroneously.
- It is agreed this Authorization may be canceled by either the District or the employee if due cause is shown. Such cause may be personal decision, garnishment, wage assignment, bankruptcy, or other legal action.
- Note: Automated Clearinghouse time requirements may delay processing of this authorization for the first payroll direct deposit. If you have questions, please do not hesitate to contact the Payroll Department at **503-916-3302**.

(Print Employee Legal Name)

(6 digit PeopleSoft Employee ID #)

(Date)

(Signature)

If you would like Payroll staff to confirm the banking account information that was entered above, we will need a copy of a voided check. If your account does not use checks, please attach a document from your financial institution indicating the correct routing and account number.

**IMPORTANT: BEFORE PRESSING THE SUBMIT BUTTON PLEASE
CLICK ON "FILE - SAVE AS" FROM MENU ABOVE AND SAVE FILE IN
THE FOLLOWING FORMAT "LASTNAME_EE#_DATE.pdf"**