



## Riverside School District 96

3340 S. Harlem Avenue - Riverside, IL 60546 | (708) 447-5007 | [www.district96.org](http://www.district96.org)

### Direct Deposit Form

Thank you for your interest in participating in the program. Following are some commonly asked questions; please email our Payroll Coordinator at [payroll@district96.org](mailto:payroll@district96.org) for other inquiries.

Can I have my paycheck deposited into any kind of account?

You can have your pay deposited to a checking or savings account at your participating bank, savings and loan, or credit union. Most financial institutions offer this service.

How will I keep track of my deposits?

Infinite Visions Employee Self Service Portal has details by pay period of all earnings and deductions and shows how much was deposited to your account and when.

Whom do I contact if I have a question about my deposit?

Questions concerning electronic deposits should be directed to your bank.

Once I sign up, can I change banks or accounts?

Yes, you could fill out this form any time there is a change.

How can I sign up or change banks/accounts?

Mail the signed authorization listed below with a voided check or official bank letter to the Payroll Coordinator. The information provided is verified by the bank in conjunction with a regular payroll. You may receive one or more physical paychecks before the Direct Deposit takes effect.

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I do not wish to set up direct deposit at this time.

I authorize School District 96 to initiate credits for payroll (and/or corrections of these credits) and the Financial Institution below to credit and/or correct the amounts thereof to my:

Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Transit Routing Number

This authority is to remain in effect until Employer or Financial Institution has received written notification from me of its termination in such time and manner as to afford Financial Institution or Employer a reasonable opportunity to act on it, or until Employer or Financial Institution has sent me ten (10) days written notice indicating the termination of this arrangement.

Name: \_\_\_\_\_ Employee ID (or last 5 of SSN): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_