



Municipality of Monroeville Monroeville, PA 15146

Direct Deposit Form

To streamline payroll services, the Municipality of Monroeville requires all employees to receive their pay via direct deposit into their checking or savings account(s). Here's what you need to know:

- Your net pay will be deposited into your specified account(s) on your pay date.
- Instead of a physical check, a paystub voucher, detailing your gross wages, tax deductions, and other relevant information, will be emailed to you and uploaded to your AccuFund employee web portal.
- To enroll in direct deposit:
 - Complete the authorization form below.
 - **Attach a voided check for the account(s) where you want your deposit made.**
 - Return the form to Payroll.

Make sure to include the nine-digit ABA/routing number from your voided check to ensure accurate processing. Contact your bank if you need help finding this information.

If there are any issues with your deposit information, Payroll will notify you promptly. If you have any questions, please contact Kait Kuras at (412) 856-3349 or kurask@monroeville.pa.us after submitting your authorization form.

Authorization Agreement for Direct Deposit (ACH Credits)

Employer Name: Municipality of Monroeville **Location:** Monroeville, PA

I hereby authorize my employer, the Municipality of Monroeville, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account listed below:

| <u>Financial Institution Name</u> | <u>Transit/ABA No.</u> | <u>Account No.</u> | <u>Type of Account</u> |
|-----------------------------------|------------------------|--------------------|---|
| 1. _____ | _____ | _____ | Checking or Savings Full Amount: Y or N Partial Amount: \$ _____ |
| 2. _____ | _____ | _____ | Checking or Savings Full Amount: Y or N Partial Amount: \$ _____ |
| 3. _____ | _____ | _____ | Checking or Savings Full Amount: Y or N Partial Amount: \$ _____ |

This authorization remains valid until I provide written notice of termination, ensuring both the employer and financial institution have adequate time to process the request.

Employee Name Employee ID #

Signature Date

Signature Date

(If it is a joint account, both account holders must sign this form. Please remember to attach a voided check.)