

DIRECT DEPOSIT OF PAYCHECKS

The Municipality of Monroeville's payroll service mandates direct deposit of paychecks to employee's checking and/or savings accounts. Full and/or partial direct deposits will automatically be made to an employee's checking and/or savings account at 12:00 A.M. on the morning of your regularly scheduled payday.

The employee's entire net pay will be directly deposited into their checking and/or savings account, no checks will be printed. In place of a check, a voucher indicating all information normally received on the pay stub (gross wages, tax with held, deductions, etc.) will be generated.

To sign up for this service:

1. Complete the authorization form below.
2. Attach the appropriate voided check of the checking and/or savings account(s) you want your paycheck deposited into.
3. Return this form to Kait Kuras (412) 856-3349.

The transit ABA number is this nine-digit number before your account number on your voided check. If you are not sure where to find the information, call your bank for the correct transit ABA number and the account number. Verification of the numbers enables Payroll to enter the correct information the first time. If the information is rejected by the bank, Payroll will notify you of the problem and a normal paycheck will be processed.

After you have submitted your authorization, the specified amounts will be directly deposited into your selected accounts. If there are any questions concerning direct deposit, call Kait Kuras at (412) 856-3349.

Authorization Agreement for Automatic Deposit (ACH Credits)

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

I hereby authorize my employer (named above) 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. _____	_____	_____	Check__ Save__ Partial Amount_____ Full Y or N
2. _____	_____	_____	Check__ Save__ Partial Amount_____ Full Y or N
3. _____	_____	_____	Check__ Save__ Partial Amount_____ Full Y or N

The authority is to remain in full force until the employer has received written notification from me (or either of us) of termination in such time and such manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Employees Name _____ EMP# _____

Signature _____ Date _____

Signature _____ Date _____

(If it is a joint account, both account holders must sign.) **(Remember to Attach VOIDED Checks)**