

**BOISE SCHOOL DISTRICT  
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION**

|   |  |                                 |                                 |      |
|---|--|---------------------------------|---------------------------------|------|
| <b>ENROLLMENT ACTION</b><br>(CHECK ONE) | EMPLOYEE ID NUMBER (MUST BE 6 DIGITS)  |                                 |                                 |      |
| <input type="checkbox"/> NEW            | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">FIRST</td> <td style="width:40%; border: none; text-align: center;">EMPLOYEE NAME<br/>MIDDLE INITIAL</td> <td style="width:30%; border: none; text-align: right;">LAST</td> </tr> </table> | FIRST                           | EMPLOYEE NAME<br>MIDDLE INITIAL | LAST |
| FIRST                                   |  | EMPLOYEE NAME<br>MIDDLE INITIAL | LAST                            |      |
| <input type="checkbox"/> CHANGE         |  |                                 |                                 |      |
| <input type="checkbox"/> CANCEL         |  |                                 |                                 |      |

|   |  |
|---|--|
| <b>TYPE OF ACCOUNT</b> (CHECK ONE)  |  |
| <input type="checkbox"/> SAVINGS  | <input type="checkbox"/> CHECKING ( <b>ATTACH VOIDED CHECK</b> )                               |
| <b>ROUTING NUMBER</b>   | <b>ACCOUNT NUMBER</b>  |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input style="width:100%;" type="text"/>   |
| <b>FINANCIAL INSTITUTION NAME</b>   | <b>AMOUNT TO BE DEPOSITED</b><br>(CHECK ONE)   |
| <input style="width:100%;" type="text"/>  | <input type="checkbox"/> ENTIRE PAY CHECK <input type="checkbox"/> SPECIFIC AMOUNT<br>\$ _____ |

|   |  |
|---|--|
| <b>TYPE OF ACCOUNT</b> (CHECK ONE)  |  |
| <input type="checkbox"/> SAVINGS  | <input type="checkbox"/> CHECKING ( <b>ATTACH VOIDED CHECK</b> )                               |
| <b>ROUTING NUMBER</b>   | <b>ACCOUNT NUMBER</b>  |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input style="width:100%;" type="text"/>   |
| <b>FINANCIAL INSTITUTION NAME</b>   | <b>AMOUNT TO BE DEPOSITED</b><br>(CHECK ONE)   |
| <input style="width:100%;" type="text"/>  | <input type="checkbox"/> ENTIRE PAY CHECK <input type="checkbox"/> SPECIFIC AMOUNT<br>\$ _____ |

I hereby authorize the Independent School District of Boise City to directly deposit any salary and wages due to me; less any mandatory or authorized withholding or deductions therefrom in the above designated account(s).

If at any time the amount of salary or wages deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the Independent School District of Boise City to either:

- a. Withhold a sum equal to the overpayment from future salary or wages; or
- b. Recover such overpayment from the above-designated account(s).

I understand the District may terminate my enrollment in the program at any time. If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the district assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance is returned to the district by the financial institution. I understand that I must notify the district in writing, using the BSD Direct Deposit Authorization form at least thirty (30) days prior to closing any account that is established under this program. I understand that the BSD utilizes an Electronic Pay Stub for all employees enrolled in the Direct Deposit Program.

While most financial institutions post funds to accounts at the beginning of the banking business day, this is not a universal practice. Some institutions post funds in the afternoon. We strongly recommend you check with your financial institution to determine when your funds will be available.

|                    |      |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

**Submit completed form to the Payroll Office located at the District Service Center**