## Herscher C.U.S.D. #2

## 501 N Main Street - PO Box 504 Herscher Illinois 60941 ACH Participant (DIRECT DEPOSIT) Authorization Form

Authorization Agreement for Preauthorized Payments – ACH Credits

I hereby authorize Herscher School District #2, to initiate credit entries for \_\_\_\_\_

and initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called depository, to credit and/or debit the same to such account. <u>A separate form</u> <u>must be used for each account</u>.

Depository Name:
Depository Address:
City, State, Zip:
Depository Routing Number:
Account Number:
Account Type (Check One): Checking Savings
Amount to be Deposited: Account #1 – Please deposit \$ or 100%
Account #2, #3, and so on. Please fill out a separate form with the correct account information.
Please deposit \$ or 100% of remaining amount.

This authority is to remain in full force and effect until HSD#2 has received written notification from me of its termination in such time and in such manner as to afford HSD#2 and depository a reasonable opportunity to act on it.

Email Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

A voided check (for checking) or a deposit slip (for savings) MUST be attached.

## Direct Deposit Voucher by Email

1. You will receive an email from Payroll Date: Today Moeller Christina **Direct Deposit Notification** From: Moeller Christina To: Crane,Heather 2. When you open email, Cc: Direct Deposit Notification CLICK on the blue link Subject: Payroll direct deposit for 12/10/12. Click the following link to download your file(s).  $\rightarrow \rightarrow$ https://www.sendthisfile.com/j5YtQU80R3wZb7RRGeNQyIvi Please note the following items: File(s) expire 14 days from the time this email was generated. All passwords are case sensitive. A PDF Viewer such as Adobe Reader is required to view the downloaded document. 3. Enter your Call 1-800-844-0884 Education Data Management Solutions password last 4 digits of Please enter the password in order to download this file. If you not know the password, contact the person that sent you this file. your SSN Password:  $\rightarrow$ submit & Click SUBMIT Call 1-800-844-0884 Education Data Management Solutions 4. Direct Deposit Voucher will appear as Filename Virus Scan Size BLUE link. B DD 2012 1210 64965d.pdf [international] 0 41 KBytes No virus threat detected. The (international) link allows filenames with non-latin characters to be preserved when saving the file. CLICK ON LINK File Download Do you want to open or save this file? Name: DD\_2012 1210\_64965d.pdf Type: Adobe Acrobat Document, 41.0KB 5. OPEN From: www6.sendthisfile.com Open Save Cancel While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. <u>What's the risk?</u>

6. Enter password *again*.

last 4 digits of your SSN

CLICK OK



7. Your Pay Stub!

Important Note:

Links can only be opened twice in a 14 day period then it **EXPIRES!** 

You will want to 'Save As' while opened to a secure file.