

Union Parish School Board

Employee ACH Enrollment Application

Employee Name _____

Address _____

City, State & Zip Code _____

Bank Name _____

Bank Address _____

City, State & Zip Code _____

Bank Routing Number _____

Employee Checking Account Number _____

“By the presence of my signature below, I verify and agree that I request Union Parish School Board (EMPLOYER) to remit any and all employment payment(s) for credit to my bank using ACH electronic payment method.”

Employee Signature _____

Date _____

FOR UPSB USE ONLY

Date accepted & Enrolled _____

Authorized UPSB Signature _____

“Please Attach A Voided Check”