

**AUTHORIZED AGREEMENT**

**FOR DIRECT DEPOSIT (ACH CREDITS)**

**GECS requires the use of direct deposit**

**PRINT NAME**

**Last First Middle Initial Employee ID**

I hereby authorize representatives of Genesee Education Consultant Services, Inc. to initiate credit entries to the depository financial institution in the account(s) indicated below. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of the U.S. law.

**Attention:** We recommend submitting a **copy of a voided check or documents from your financial institution** where your money is being routed to in order to verify correct account information.

**IMPORTANT: *By signing this form I have confirmed the ACH (routing) and account numbers with my financial institution(s) and understand that if I provide incorrect information, my monies will* NOT *be available on payday due to the electronic reprocessing function and my failure to provide accurate information. I further authorize the district to recapture any electronic transmission transferred in error.***

 **Add Replace**

**BANK 1 NAME**

**BANK 1 ROUTING NO.**

**ACCOUNT NO. AMOUNT**

**CHECKING # 1** $ **CHECKING # 2** $ **SAVINGS # 1** $

**SAVINGS # 2**  $

 **Add Replace**

**BANK 2 NAME**

**BANK 2 ROUTING NO.**

**ACCOUNT NO. AMOUNT**

**CHECKING # 1** $ **CHECKING # 2** $ **SAVINGS # 1** $

**SAVINGS # 2 $**

**SIGNATURE: DATE:**

***\*\*Please return to GECS Human Resources***  ***Email:*** ***contactus@gecs-inc.org*** ***Fax: (810) 720-4341***