



Genesee Education Consultant Services

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 **REQUIRE 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. **If a voided check or back up document is not provided to GECS, GECS will mail you a paper check to the address on file.**

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. I understand that by not providing a voided check, my check will be mailed.*

☐ Add

☐ Replace

BANK 1 NAME		
BANK 1 ROUTING NO.		
	<u>ACCOUNT NO.</u>	<u>AMOUNT</u> (Please put 'All' if entire check is to be deposited into one account)
CHECKING # 1		\$
CHECKING # 2		\$
SAVINGS # 1		\$
SAVINGS # 2		\$

☐ Add

☐ Replace

BANK 2 NAME		
BANK 2 ROUTING NO.		
	<u>ACCOUNT NO.</u>	<u>AMOUNT</u> (Please put 'All' if entire check is to be deposited into one account)
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**