



**Fiscal Management Services**

504 Miller Drive PO Box 408 Wamego KS 66547  
785-456-8573 785-456-9915 TEXT Line: 844-617-9689

**Direct Deposit Authorization Form**

**PAYROLL INSTRUCTIONS** – Indicate below your choice to receive your paycheck biweekly on Fridays by direct deposit. Please double check your information to avoid payroll errors.

\_\_\_\_\_ I would like my wages deposited to my **CHECKING** account.

Bank Name \* \_\_\_\_\_

Routing Number \* \_\_\_\_\_ Account Number \* \_\_\_\_\_

\_\_\_\_\_ I would like my wages deposited to my **SAVINGS** account.

Bank Name \* \_\_\_\_\_

Routing Number \* \_\_\_\_\_ Account Number \* \_\_\_\_\_

\_\_\_\_\_ I would like my wages deposited to a **PAYROLL CARD**.

\_\_\_\_\_ **WISELY PAY CARD** provided and mailed by Three Rivers.

\_\_\_\_\_ **PAY CARD** you provide:

Routing number \* \_\_\_\_\_ Account number \* \_\_\_\_\_

**Please make sure to include the ENTIRE routing and account number. A debit card will be issued if banking account information is not provided.**

This authority is to remain in full effect until Employer or Financial Institution has received written notification from me fourteen (14) days prior to its termination, or until Employer or Financial Institution has sent me written notice of the Employer’s or Financial Institution’s termination of this agreement. It is my understanding that my paycheck will be deposited on payday, unless said day is not a banking day. I further acknowledge that in the event of mechanical or technological failure, or other circumstances beyond the control of the Employer or Financial Institution in connection with this service, I will accept my earned compensation in an alternative fashion customary with Employer’s policies and procedures. In the event a transaction is rejected by the Receiving Depository Financial Institution due to the closing of an account or incorrect information given by me, I authorize the company to deduct from my compensation, the amount of any administrative fee charged by Employer’s Financial Institution for the notification of said rejection. It is my understanding this enrollment is automatically cancelled upon the termination of my employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Attach voided check here.**  
**(REQUIRED for a checking account.)**