

Main Office
4215 Avenue I
Scottsbluff, NE 69361
(308) 635-3696

Southern Satellite
1114 Toledo
Sidney, NE 69162
(308) 254-4677

Northern Satellite
CSC – Crites Hall
1000 Main Street
Chadron, NE 69337
(308) 432-6495

Harms Center
WNCC
2620 College Park
Scottsbluff, NE 69361
(308) 635-0206

www.esu13.org



Educational Service Unit 13
Dr. Laura Barrett, Administrator

Authorization for Direct Deposit of Payroll

Name (Please print) _____

Complete the account designation boxes and attach the following required documentation
Checking Account: **Attach a voided check.** Savings Account: Attach documentation from the
Financial Institution

Account #1 – Net pay

Start Change Cancel Checking Savings

Bank Name: _____

Bank: City, State: _____

Routing Number: _____

Account Number: _____

Account #2 –

Start Change Cancel Checking Savings

Bank Name: _____

Bank: City, State: _____

Routing Number: _____

Account Number: _____

Fixed Amount: \$ _____ Percentage: _____%

Authorization Agreement: I authorize Educational Service Unit 13 to direct deposit funds to my account(s) in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize my bank and ESU #13 to initiate a correcting (debit) entry. In the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer cannot issue the payroll funds to me until the funds are returned to ESU #13 by my financial institution.

Employee Signature _____ Date _____

Achieving educational excellence for all learners through strong partnerships, service and leadership