



First Start Partnerships for Children & Families

Pay Election & Direct Deposit Enrollment Form

Employee Name

Pay Election

Academic Pay - you will receive your gross hourly rate for hours you work. Select this if you are a full year employee.

Summer Pay - you will receive your gross hourly rate for hours you work each pay with a 12% deduction to be paid out over 3 pay periods when you aren't working

☐ Academic Pay

☐ Summer Pay

For Changes to Direct Deposit Only

Direct Deposit Enrollment

Account Information

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing/Transit Number :		
Checking/Savings Account Number :		
Financial Institution Name :		
I wish to deposit (Check One):	<input type="checkbox"/> Specific Amount: \$ _____	<input type="checkbox"/> Remainder of Pay

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing/Transit Number :		
Checking/Savings Account Number :		
Financial Institution Name :		
I wish to deposit (Check One):	<input type="checkbox"/> Specific Amount: \$ _____	<input type="checkbox"/> Remainder of Pay

IMPORTANT! Please read and sign before completing and submitting.

I authorize First Start Partnerships for Children and Families (FSP) to deposit my earnings into the bank account(s) specified and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize FSP to make direct deposits into the named account.

Employee Signature: _____ Date: _____

Note: Electronic or Digital Signatures are not acceptable

For Finance Department Only

I have reviewed the information provided and it is accurate to the best of my knowledge. The above information has been updated in our records for the effective payroll of _____.

FSP Representative Printed Name: _____

FSP Representative Signature: _____ Date: _____