

Gadsden County School Board

Elijah Key-Superintendent of Schools

"Putting Children First"

Direct Deposit Authorization

Date_____

Name	
Social Security Number	Date of Birth
Address	
Phone Number	Secondary Phone Number

____ NEW APPLICATION _____ CHANGE REQUEST

I hereby authorize the School Board of Gadsden County, Florida to deposit my salary, after deductions, directly into my checking or savings account indicated below, and agree that such credit to this account constitutes payment and receipt by me. I understand that School Board reserves the right to recall funds when sent in error and to interrupt or discontinue the Direct Deposit Program for any and all employees.

Account Information

You may select only one type of account (checking or savings), and only one financial institution (bank, credit union).

Financial Institution Name:	
Financial Institution Address:	
Account Number: [] Checking:	Routing #
[] Savings:	

This authority will remain in full force and effect until the School Board receives thirty (30) days prior written notification from me of change or termination. Such notice will be sent to the Payroll Department. Prior to the initiation of the first deposit, I will allow the Payroll Department sufficient notification time to transmit new account information to the financial institution. (This will take at least (1) payroll period)

Employee Signature*	Date	Phone Number

* As it appears on the Financial Institution account

Financial Institution Information Only						
Financial Institution Routing and Transit Number:						
As the official representative of the above financial institution, I hereby assure the School Board of Gadsden County, Florida that said institution is prepared to and will accept responsibility for Direct Deposit Funds and that account numbers have been verified.						
Financial Institution Rep. Signature	Title	Date	Phone			

BOARD MEETS FOURTH TUESDAY OF EACH MONTH EQUAL OPPORTUNITY EMPLOYER