**Gadsden County School Board**
**Roger P. Milton-Superintendent of Schools**
"Putting Children First"

Date_____

# Direct Deposit Authorization

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 # _____<br>☐ 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