



HABERSHAM COUNTY SCHOOL DISTRICT

Direct Deposit Authorization

Instructions: Complete and send this form to Payroll Department in sealed envelope via school system courier.

Employee: _____ Employee #: _____

I hereby authorize my employer, Habersham County Board of Education, to deposit my monthly payroll net pay amount and if applicable, my employee travel reimbursement amount into my account at the below named bank each pay period. Habersham County Board of Education is also authorized to adjust any over/under deposit which it has caused to be made to my account.

I will not hold my bank liable for any erroneous deposits or adjustments by Habersham County Board of Education, and I agree that the financial institution listed below may treat each such deposit the same as if it were personally deposited by me.

I understand it is my responsibility to notify the Payroll Department of Habersham County School District in writing at least ten days in advance of changing my account or cancelling this authorization.

Employee Use:

This action is: _____ New _____ Change Payroll EffectiveDate: _____

My Bank Name is: _____

My Account is: _____ A Checking Account or _____ A Savings Account

My Bank's Routing Number is: _____

My Account Number is: _____

My position sometimes requires travel reimbursement from the school system: _____ YES or _____ NO

Employee Signature: _____ Date: _____

Office Use: Received on: _____ Payroll Effective: _____ Processed by: _____

If Applicable: Accounts Payable Updated: _____ Processed by: _____

FOR CHECKING: ATTACH VOIDED CHECK HERE

OR

FOR SAVINGS: ATTACH DEPOSIT SLIP HERE