Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Finance Services Department
Dominick Cristofaro, Director
e-mail: dcristof@pasco.k12.fl.us
(813)794-2268

AUTHORIZATION / AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL

Direct Deposit or **Pay Card** **payment methods are easy and simple, benefits for employee**:
- You have access to your earnings on scheduled payday
- You select the financial institution of your choice
- Direct Deposit is confidential and secured, personal information is not shared
- Don't have paper checks that might get lost or damaged
- Don't have to go to the bank to cash or deposit the paycheck
- Holidays do not delay deposit
- Direct Deposit is FREE
- Pay Card: use like a debit card, card is loaded for pay period. Card is reloadable, don't have to purchase a new card for every pay period.

Please read the following important information and instructions to initiate direct deposit of your payroll check to the financial institution of your choice. Complete this form in its entirety and return it to the Payroll Department. It is your responsibility to submit correct information.

Notify the Payroll Department of account closings, bank changes and account changes. A paper check will be issued while account information is verified. Changes not reported to the Payroll Department may result in delay of payment.

Employee Name		
Employee ID Number		
Work Location		
Financial Institution Name		
Financial Institution Address		
Transit Routing /ABA Number		
Account Number		
Check One	☐ New Authorization	☐ Change of Authorization
Type of Account	☐ Checking	☐ Savings

I hereby certify that I am an owner of the above account and authorize the Payroll Department to deposit the full net amount of my payroll check to the financial institution/account indicated above, and to post debit entries to correct any deposits made in error. This authorization shall remain in full force and effect until Pasco County Schools receives written notification from me (employee) of its termination in such a manner as to afford you a reasonable opportunity to act upon it.

_____   _____
Employee's Signature   Date