

**CITRUS COUNTY SCHOOL BOARD
DIRECT DEPOSIT AUTHORIZATION FORM**

Please attach a pre-printed voided check, OR documentation/official letter from the bank that verifies your name is on the account, correct bank routing, and account number. PLEASE ALLOW AT LEAST 7 WORKING DAYS FOR THIS CHANGE:

PRIMARY BANK NAME Routing Number Account Number NET Checking
Is this a replacement of the existing bank on file? Yes Savings

SECONDARY BANK NAME Routing Number Account Number _____ Checking
Is this a change to an existing deposit/deduction? Yes Amount/Deduction Savings
(whole dollar amounts only)

ADDITIONAL BANK NAME Routing Number Account Number _____ Checking
Is this a change to an existing deposit/deduction? Yes Amount/Deduction Savings
(whole dollar amounts only)

I authorize Citrus County School Board to initiate credit entries and if necessary, debit entries for adjustments to any credit entries made in error to the account at the financial institution as listed above.

This authority is to remain in full force and effect until Citrus County School Board has received written notification of its termination in such time and in such manner as to afford Citrus County School Board and Depository Institution a reasonable opportunity to act on it.

If you close your bank account please notify Citrus County Schools payroll department no less than 7 business days prior to the check date to allow for processing.

Print Name

Employee ID #

Authorized Signature

Date