Okaloosa County School District Finance Department EMPLOYEE AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

NEW APPLICATION

CHANGE

TERMINATION

Applicant MUST Print or Type all information except where signature is required. If PRINTED, use ballpoint pen only.

I hereby authorize the School Board of Okaloosa County 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. The School Board reserves the right to recall funds sent in error and to interrupt or discontinue the Direct Deposit Program and issue paychecks to any and all employees.

Employee's Last Name	First Name	MI	Employee ID #	Date	
School or Department Name			School Number		

TYPE OF ACCOUNT: You can select only one (1) type of account, checking or savings, and only one (1) type of financial institution, bank or credit union.

Bank Name					Bank Address														
Bank Routing Number				Bank Account Number															

CHECKING

SAVINGS (Please check with your bank to verify acceptance.)

Determine your bank routing number and bank account number from the bottom of your check or deposit ticket. If you designate a savings account, please contact your bank to obtain its bank routing number.

As the official representative of the above financial institution, I hereby assure the School Board of Okaloosa County that the financial institution agrees to receive and deposit the Direct Deposit Funds. I confirm the identity of the above named employee and the bank routing and account number.

Bank Representative Signature	Title	Date	Phone Number
-------------------------------	-------	------	--------------

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, the employee will allow the Payroll Department sufficient notification time to transmit new account information to the Clearinghouse. (This will take at least one (1) payroll period.)

AT THE TIME OF TERMINATION OF EMPLOYMENT FOR WHATEVER REASON, THE LAST PAYCHECK WILL NOT BE DIRECT DEPOSIT.

Date

Employee Signature

Return ORIGINAL to the PAYROLL DEPARTMENT.

Payroll Use Only							
	Date	Initial					
DATE REQUESTED							
FIRST DEPOSIT DATE							
TERMINATED –							
LAST DEPOSIT DATE							

Employee Use Only	
I HEREBY CANCEL MY AUTHORIZATION FOR	DIRECT
DEPOSIT.	
Employee Signature	Date

Home Phone Number