

**ABBEVILLE COUNTY SCHOOL DISTRICT
AUTHORIZATION FOR DEPOSIT OF NET PAY**

EMPLOYEE NAME

(As it appears on Payroll Check)

____/____/____
DATE

____ - ____ - ____
SOCIAL SECURITY NUMBER

I hereby authorize Abbeville County School District to deposit my net pay with the institution below for credit to my account and understand that this authorization will remain in effect throughout my employment unless cancelled by me or Abbeville County School District due to unusual circumstances only. These circumstances may include, but are not limited to, tax levies, court ordered deductions, and verification of leave for final payout. ***I have read and understand the regulations below on this form regarding electronic funds transfer and agree to abide by the same.***

Financial Institution	Savings/Checking	Account Number	Dollar Amount
			\$
			\$
			\$
			\$

EMPLOYEE SIGNATURE * (Please Note Item No. 5)*

By the signature above, I authorize Abbeville County School District (ACSD) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for my credit entries in error to my account as indicated on this form and the financial institution named above, to credit and/or debit the same to such account.

ATTACH VOIDED <u>CHECK</u> OR OFFICIAL DOCUMENT INDICATING NAME, ACCOUNT NUMBER & ROUTING NUMBER	CANCELLATION ONLY I hereby cancel this authorization:	
	_____ Signature	_____ Account number

1. "Financial Institution" as used on this form means the employee's bank, savings and loan, credit union, or similar establishment.
2. The payroll deposit authorized by the employee's signature on this form is accomplished by electronic funds transfer and is covered by a number of regulations designed to safeguard the integrity of the employee's account. The funds deposited will be available to the employee for withdrawal by all usual means on the morning of the scheduled ACSD payday.
3. This authorization must include a voided check correctly reflecting the employee's financial institution and the account number. For certain types of accounts, a voided check may not be available. In this instance an official document indicating name, account number and routing number is acceptable. No authorization will be processed without this information.
4. ACSD assumes no responsibility for any relationship between the employee and his financial institution, except to accurately provide the employee's account number as given above, with the deposit to the financial institution(s) involved.
5. ***The electronic funds transfer system requires pre-notification of all account numbers. Therefore, new authorizations must be in the payroll office at least 2 weeks prior to the payday the authorization is to take effect. If proper documentation for processing is not provided, the payroll office will return the authorization request to the employee. A regular payroll check will continue be provided until a request is re-submitted with the required information. The pre-notification process will occur with the first payroll check issued after the information has been entered. On the corresponding payday, you will receive a regular paycheck..***
6. Regulations require that if a change in financial institution or account number is made, the employee must be off automatic deposit for a minimum of one pay period (pre-note process) before the change will take effect. A new form must be completed for a change.
7. Because of the time element involved in processing electronic fund transfers, cancellations must be in the payroll office at least two weeks prior to the pay date the cancellation is to become effective. Cancellations must be in writing.
8. ACSD assumes no responsibility to issue a paycheck to any employee whose deposit could not be processed due to the account being closed, or any other reason, until the receiving financial institution has returned such deposit to ACSD.