

REQUIRED FOR ALL EMPLOYEES

**AUTHORIZATION/AGREEMENT FOR
AUTOMATIC DIRECT DEPOSIT OF PAYROLL**

COST CENTER: _____

Name _____

New Authorization Change of Authorization

Social Security # (New Employees) _____ - _____ - _____

Routing Number: _____

Employee ID # (Current Employees) _____

Account Number: _____

Financial Institution's Name and Address:

Type of Account: (Check One)

Checking Account Savings Account

I hereby certify that I am the owner of the above account and authorize the Payroll Department of the Hernando County School District to deposit the full net amount of my payroll check, unless another amount has been specified above, 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 you have received written notification from me of its termination/change in such a manner as to afford you a reasonable opportunity to act upon it.

SO-FIN-001
OCT 2016

Employee's Signature

Date

Please be advised:

Payroll does not accept any of the following;

Starter Checks

Business checks (unless it has employees name imprinted on it)

Deposit slips

*Please attach a voided check to this document. Your name must be imprinted on the check. Handwritten names will not be accepted.

**In the case an employee has no checks, please attach a letter from your personal bank stating your name, address, routing & account number. Must be on bank letterhead and signed.

