REQUIRED	FOR ALL EMPLOYEES
AUTHORIZATION/AGREEMENT FOR	COST CENTER:
AUTOMATIC DIRECT DEPOSIT OF PAYROLL	
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
check, unless another amount has been specified above, to the financial institution,	Department of the Hernando County School District to deposit the full net amount of my payrol /account indicated above, and to post debit entries to correct any deposits made in error. This otification from me of its termination/change in such a manner as to afford you a reasonable

Employee's Signature

Please be advised:

Payroll does not accept any of the following;

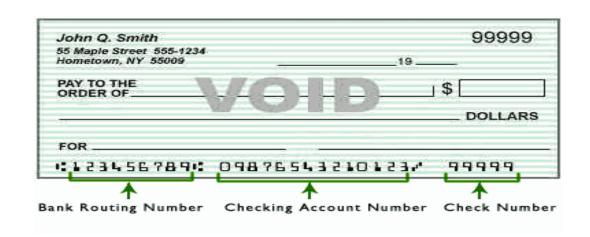
Starter Checks

SO-FIN-001

OCT 2016

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.



Date