

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	<u>NET</u>	Checking <input type="checkbox"/>
				Savings <input type="checkbox"/>
Is this a replacement of the existing bank on file? Yes <input type="checkbox"/> If "Yes" what bank will be changed: _____				

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

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

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 #

HR Office Use Only

- 1) Entered into Skyward- Initials: _____ Date: _____
2) Checked by HR Admin- Initials: _____ Date: _____
3) Checked by Payroll- Initials: _____ Date: _____

Authorized Signature

Date