

**DUVAL COUNTY PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FORM**

PN _____ POSITION _____ RC# _____

S/S NUMBER _____ (Not Necessary If Providing PN)

EMPLOYEE NAME _____

EMPLOYEE ADDRESS _____

CHECK ONE: NEW APPLICATION _____ CHANGE _____

I hereby authorize Duval County Public Schools and the financial institution listed below to automatically deposit my net pay to:

BANK NAME: _____

BANK ADDRESS: _____

BANK ROUTING NO. _____ BANK TELEPHONE NO. _____

BANK ACCOUNT NO. _____ CHECK ONLY ONE: _____ Checking
Savings

If I am not entitled to funds deposited into my account, I authorize the reversal of these funds. I understand that I will continue to receive a paycheck during the prenotification period and until such time as the Duval County Public Schools can implement this direct deposit authorization. This normally takes two payroll cycles. This authority is to remain in effect until I elect to change my financial institution or until separation of employment with the Duval County Public School System. Duval County Public Schools reserves the right to pay by payroll check in lieu of direct deposit when paying terminal leave or when unforeseen or emergency conditions arise. It is the employee's responsibility to review their pay statement to verify whether payment is by check or direct deposit.

EMPLOYEE SIGNATURE DATE

INSTRUCTIONS:

FOR CHECKING ACCOUNT DEPOSITS: Attached a voided check with your imprinted name. The voided check must reflect your name. If you do not have a voided check, a letter from your financial institution providing the Bank or Credit Union routing/transit number with your account number will be acceptable. Temporary checks and deposit slips will not be accepted.

FOR SAVINGS ACCOUNT DEPOSITS: A letter from your financial institution providing the bank routing and transit number.

THIS SPACE PROVIDED FOR VOIDED CHECK

FOR PAYROLL USE ONLY:

REC'D BY PAYROLL _____ DATE ENTERED _____ DATE TO BEGIN _____