



## Authorization Agreement for Direct Deposit

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Last Four Digits of SSN

Pay Order	Bank Name/Address/Phone	Please select account type		Routing Number	Account Number	Amount if Applicable
<b>1</b> Deposit of Net Pay		Checking	<input type="checkbox"/>			<b>Net Pay</b>
		Savings	<input type="checkbox"/>			
			<input type="checkbox"/>			
<b>2</b>		Checking	<input type="checkbox"/>			
		Savings	<input type="checkbox"/>			
			<input type="checkbox"/>			
<b>3</b>		Checking	<input type="checkbox"/>			
		Savings	<input type="checkbox"/>			
			<input type="checkbox"/>			

1. By signature below, I hereby authorize Dorchester County School District 4 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account as indicated above. I authorize the financial institution named above to credit and/or debit the same such account.
2. This authorization is to remain in full force and effect until Dorchester County School District 4 has received written notification from me of its termination in such time and such manner as to afford Dorchester County School District 4 and the depository a reasonable opportunity to act on it.
3. I agree to provide Dorchester County School District 4 with a voided check or an official document indicating name, account number and routing number from my bank to initiate this transaction.
4. 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 to 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 and a direct deposit advice. Please check the account information carefully on the deposit advice because subsequent checks will be transmitted via direct deposit to this account(s).
5. 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.
6. 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. An employee may not completely cancel participation in Direct Deposit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date