

# Taylor County School Board Employee Authorization for Automatic Payroll Deposits

New Application     Change

*Applicant MUST print or type all information except where signature is required. If PRINTED, use ball point pen only.*

I hereby authorize the School Board of Taylor County, Florida, to deposit my salary, after deductions, directly into my checking or savings account indicated below and agree that such credit to this account constitutes payment and receipt by me. I understand the School board reserves the right to recall funds sent in error and to interrupt or discontinue the Direct Deposit Program and issue paychecks to any and all employees.

| Last Name | First Name | M.I. | Soc. Sec. # | Cost Center |
|-----------|------------|------|-------------|-------------|
|           |            |      |             |             |

**TYPE OF ACCOUNT:**                      You can select only one type of account, checking or savings, and only one type of financial institution, bank or credit union.

This authority will remain in force and effect until the School Board receives thirty days prior written notification from me of change or termination. Such notice will be sent to the Payroll Department. Prior to the initiation of the first deposit, the employee will allow the Payroll Department sufficient notification time to transmit new account to the financial institution (this will take at least one payroll period).

|  |             |
|--|-------------|
|  |             |
| Employee Signature<br>(As it appears on your financial institution account.) | Telephone # |

**Financial Institution Information Only**  
*(This section must be completed by your financial institution)*

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Financial Institution Identification Number \_\_\_\_\_

Employee's Account Number \_\_\_\_\_  Checking  
 Savings

As the official representative of the above financial institution, I hereby assure the School Board of Taylor County, Florida, that said institution is prepared to and will accept the responsibility for Direct Deposit Funds and that account numbers have been verified.

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Financial Institution Representative Signature                      Title                      Telephone

Employee: Upon completion, forward white copy to Payroll Department, Finance Office. Send canary copy to your financial institution. Retain pink copy for your personal records.

Date \_\_\_\_\_