

# DeSoto County Schools EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Please Print:

Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ School Name: \_\_\_\_\_  
(Kronos # or the last 4 digits of your SSN.)

I hereby authorize DeSoto County Schools to initiate credit entries and if necessary, debit entries, adjustments for any credit entries to my checking account indicated below, and the depository institution named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until DeSoto County Schools has received written notification from me of it's termination in such time and manner as to afford DeSoto County Schools a reasonable opportunity to act on it.

I understand that a new authorization agreement must be completed if I change / close my account or change financial institutions. If any action taken by me results in non-acceptance of the direct deposit by my financial institution I understand DeSoto County Schools assumes no responsibility for processing supplemental payment until the funds are returned to DeSoto County Schools by my financial institution. I am allowed only one change per school year.

Signature: (Employee) \_\_\_\_\_ Date: \_\_\_\_\_

You may select only one type of direct deposit account. Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**Checking:** A VOIDED check, which bears the account name (your name), the institution (name of your bank), the bank routing number, and account number must be attached with the submission of this authorization agreement. If you do not wish to destroy a check, you may attach a clear photocopy of a check and void the copy. Make sure you do not write on the MICR numbers on the bottom of the check.

Attach Voided Check Here. Do Not Use a Deposit Slip!  
The first payroll after your submission of this form will be a pre-note, not a deposit.  
To make a change to a new bank or different account number the first payroll after the change will be a pre-note, not a deposit. This is to verify the accuracy of the bank routing number and account number.

**Saving/Money Card:** Requires you to have your bank complete & sign the information below. (Send to the Payroll Dept.)

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: (Bank Official) \_\_\_\_\_ Date: \_\_\_\_\_

**Cancel my current direct deposit:** I understand direct deposit is mandatory with DeSoto County Schools.

Please check here if you would like to stop your current direct deposit. \_\_\_\_\_

Signature: (Employee) \_\_\_\_\_ Date: \_\_\_\_\_

*\*If you are not a new employee:* Please return this completed authorization to: Marsha Berryhill/ Payroll Manager  
I encourage you to contact me directly at the central office with any questions or concerns you may have at 662-449-7101.