

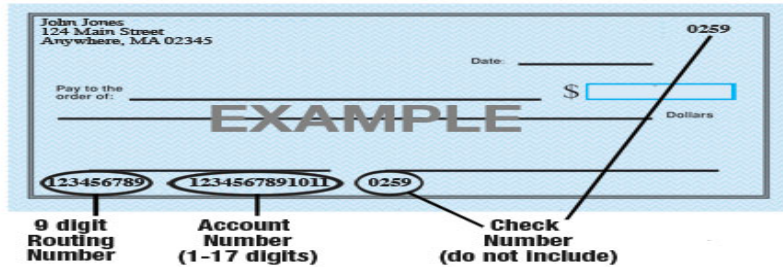
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings(Circle One)

By signing this authorization, I understand all of the following:

1. No employee will be paid unless they provide the banking documentation for a current bank account.
2. If any correction must be made to my payroll compensation for any reason, such correction will not be made until the following payroll.
3. I understand the funds from the direct deposit will not be available before the opening of business on payday and that the financial institution has until midnight of the pay date to credit my account.
4. I shall notify Tate County School District payroll department immediately of any account changes or closures. The notice to the Business Office must be received at least 5 working days before the scheduled payday. For any July payday changes, notice must be received by the 20th of June. NOTE: Failure to notify the payroll department of changes to bank accounts will require me to work with the bank(s) on receiving my funds for any closed or changed accounts.
5. Tate County School District will respect the confidentiality of any information that I provide the district. All financial information disclosed as part of the direct deposit process will be maintained in my personnel file.

Tate County School District is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____