

CITRUS COUNTY SCHOOL BOARD

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize Citrus County School Board to initiate credit entries and, if necessary, debit entries for adjustments to any credit entries made in error to the account at the financial institution as listed below:

| | |
|-----------|---|
| _____ | _____ |
| Bank Name | *Routing/Transit Number (9 digits located at bottom left corner of check or deposit slip) |

Bank Address (City, State)

| | |
|----------------|------------------|
| _____ | _____ |
| Account Number | Checking/Savings |

This authority is to remain in full force and effect until Citrus County School Board has received written notification of its termination in such time and in such manner as to afford Citrus County School Board and depository institution a reasonable opportunity to act on it.

| | |
|------------|---------------|
| _____ | _____ |
| Print Name | Employee ID # |

| | |
|----------------------|-------|
| _____ | _____ |
| Authorized Signature | Date |

***PLEASE ATTACH VOIDED CHECK, OR SAVINGS DEPOSIT SLIP, TO VERIFY THE CORRECT BANK ROUTING AND ACCOUNT NUMBER WITH YOUR FINANCIAL INSTITUTION.**

| |
|---|
| Payroll Department: |
| Bank Code: _____ Date Entered: _____ EID: _____ |