

DIRECT DEPOSIT AUTHORIZATION

Employee Name _____

Social Security Number _____

Work Location _____

Bank Name _____

Account # _____ Indicate one: Checking _____ Savings _____

Bank ABA/Transit Number _____

(Bottom left 9 digits on your check)

(Place required document here)

A VOIDED CHECK OR DEPOSIT TICKET WITH ACCOUNT AND TRANSIT NUMBERS MUST BE ATTACHED TO THIS FORM.

Your application for direct deposit will take approximately 30 days to take effect. Standard Payroll check(s) will be issued and mailed to your home until this account is verified. This direct deposit will remain in effect until you or your bank notifies the Payroll Office, in writing, of a cancellation or change. Such notification must be made in a timely manner to afford the Payroll Office and Bank reasonable opportunity to act on it. Direct Deposit Authorization also expires upon any final payroll or a leave of absence. If you are making a change in your bank and/or account, please keep your old account open until the new account may be tested by the payroll system to avoid any delay in your pay.

I hereby authorize Prince William County School Board (my Employer) to direct deposit my payroll into the above referenced bank and bank account.

Employee Signature _____ Date _____