Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

DIRECT DEPOSIT/rapid! PayCard ENROLLMENT/ACCOUNT CHANGE FORM

****All Direct Deposit enrollments and changes can be completed in Employee Self-Service****

Whether you are enrolling in direct deposit/paycard for the first time or changing your current account, it may take up to two pay periods to process this form. By policy, a test on all direct deposit transactions (new and changes) will be completed to ensure accuracy. During this time, paychecks will be a physical check mailed to the address on record.

Instructions: To enroll in the direct deposit/paycard program or to change your account, follow these steps:
(1) please print and complete all information below, (2) read the authorization statement, (3) sign your name at the bottom of this form, (4) provide today's date, (5) FAX the completed form to the Payroll Department at (813) 272-4433.

Print Employee Name: **Employee Number:**

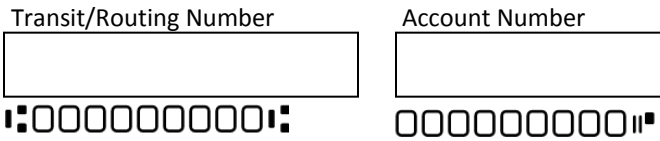
Last	First	

Check one: ☐ New enrollment ☐ Change in account or financial institution

Check one: ☐ Checking Account ☐ Savings Account ☐ rapid! PayCard

Name of Financial Institution:

SAMPLE FORMAT



PayCard routing number and account number is found on the back of the rapid! PayCard enrollment welcome letter

Authorization Statement

By signing this form, I hereby enroll in the Direct Deposit/rapid! PayCard Program and authorize Hillsborough County Public Schools to deposit all compensation directly to the financial institution and account provided by me. I hereby certify that I am an owner of the above account and authorize the named financial institution to credit/debit these amounts to that account. I further authorize the District to initiate credit entries and to initiate, if necessary, debit entries and adjustments to any credit entries made in error to my account. I expressly agree that the District will be authorized to deduct from my account up to the full amount of any overpayment of wages or compensation, or payment made in error. The right of the District to make such deductions will survive the cancellation of my participation in the program, and continue until such time as the overpayment or erroneous payment has been fully repaid. The financial institution is authorized to make any debit entry requested by the District pursuant to this grant of authority. I agree to notify the Payroll Department of account closings, bank changes and account changes. Changing banks and/or accounts will require a test transaction and a physical check will be mailed to the address on record. Changes not reported to the Payroll Department may result in a delay of receiving payment.

Signature: **Today's Date:**

FAX TO THE PAYROLL DEPARTMENT (813) 272-4433

Distribution: Payroll Department