

Florence City Schools

Authorization for Direct Deposit

I hereby authorize the Florence City Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account(s) indicated below and the depository or depositories named below to credit and/or debit the same to such account(s).

ACCOUNT 1:

Account Type (circle one): Checking Savings

Depository Name: _____ City & State: _____

Transit/ABA Number: _____

Account Number: _____ Amount: _____

ACCOUNT 2:

Account Type (circle one): Checking Savings

Depository Name: _____ City & State: _____

Transit/ABA Number: _____

Account Number: _____ Amount: _____

ACCOUNT 3:

Account Type (circle one): Checking Savings

Depository Name: _____ City & State: _____

Transit/ABA Number: _____

Account Number: _____ Amount: _____

Name (please print): _____ **Soc. Sec. No:** _____

Signature: _____ **Date:** _____

1. You must attach a voided blank check or a copy of a blank check for each checking account listed or have your bank complete the required information. If you are depositing in a savings account, indicate the account number on this form.
2. Account 1 will receive the entire paycheck if there is only one account. Accounts 2 and 3 are used to deposit specific amounts into other accounts.
3. The first month will be pre-noted so that the bank can verify your information and you will receive a check. The next month it will be direct deposit.