



Division of Human Resources
Orientation Direct Deposit Authorization

It is mandatory that your net pay be automatically deposited into your checking account. Each payday morning funds will be automatically deposited into your checking account.

To participate, you must accurately complete the authorization form below and submit one of your checks with your name and the complete set of numbers clearly showing. Be sure to write "VOID" in large letters on the face of the check. The submission of this check is necessary so that the Automated Clearing House can validate the bank number and the bank can validate your account number.

If you have a change in your bank account that may affect your direct deposit, or if you have more than one job with the School Board, it is important that you notify the Payroll Department. This will assure that all checks are deposited correctly. NEVER close an account close to a payday without notifying our office.

There will be a delay of at least one pay period (or occasionally two pay periods) between the time you submit your authorization and the pay period in which your check will be automatically deposited. During this time you will continue to receive regular payroll checks until your automatic deposit occurs. If you have questions, please call your payroll specialist. Carrie 955-7659; Chandra 955-7663; Lana 955-7662; Dee Dee 955-7660; Cat 955-7735; or Kassie 955-6876.

.....

Authorization Agreement for Automatic Deposit

I hereby authorize the School Board of Alachua County to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error to my checking account indicated below, and the depository named below to credit and/or debit the same to such account. I must maintain a direct deposit account for the duration of my employment with the Alachua County Public Schools.

Employee: _____ SS# / ID#: _____

Contact Phone Number: _____ Early Retiree? Yes [] No []

Bank Name: _____

Bank Account Number: _____ Checking [] Savings []

Signed: _____ Date: _____

(Return completed authorization agreement form with a voided check to Human Resources at the District Office.)