



ORANGE COUNTY PUBLIC SCHOOLS

P.O. Box 271 Orlando, Florida 445 W. Amelia Street
32802-0271 (407) 317-3200 32801-1127

DIRECT DEPOSIT AUTHORIZATION

FOR CHECKING ACCOUNTS - ATTACH A VOIDED CHECK OR A SIGNED DOCUMENT ON BANK LETTERHEAD VERIFYING BANK ROUTING AND ACCOUNT NUMBER.

FOR SAVINGS ACCOUNTS - ATTACH A COPY OF A BANK ID CARD OR A SIGNED DOCUMENT ON BANK LETTERHEAD VERIFYING BANK ROUTING AND ACCOUNT NUMBER.

Direct Deposit Action Requested (check only one):

- (1) Start (2) Change (3) Stop

To indicate the action requested, payment type and the account type, place an "X" to the right of the appropriate choice. After the form is completed and signed, it should be returned to the Payroll Department at the ELC. This may be done by courier, hand delivery or by mailing to 445 West Amelia Street, Orlando, FL 32801-1127. When this form is received, it will take approximately one to two pay cycles to become effective. **This authorization is to remain in full force and effect until the Payroll Department is notified in writing to cancel the Direct Deposit. This cancellation notification must be received prior to the actual account closure to prevent unnecessary delays in processing your payment.** If you terminate from your position for more than a 30 day period, your Direct Deposit will be inactivated. It will be your responsibility to complete another form if you are rehired. Stop requests are processed the day they are received.

We recommend that you retain a copy of this form.

PLEASE TYPE OR PRINT

Name of Payee (last, first, middle initial) _____

Social Security # _____ Personnel # _____ Work Location _____

Home Mailing Address: Street _____

City _____ State _____ Zip _____

Telephone Number: W/L _____ Home _____

Account Type (check only one): (1) Checking _____ (2) Savings _____

Transit Routing Number: _____

Account Number: _____

Name of Financial Institution: _____

Branch Code: _____ Telephone Number: _____

AGREEMENT

I hereby authorize the School Board of Orange County to deposit all wages after deductions, directly into my checking or savings account indicated above and agree that such credit to this account constitutes payment and receipt by me. The School Board reserves the right to recall funds sent in error, not to exceed the original amount of the erroneous credit and the School Board also reserves the right to interrupt or discontinue the Direct Deposit Program and issue paychecks to any and all employees. In addition, if funds are deposited to my account in error, I agree to be liable for restitution for all such amounts.

By signature below I indicate I have read, understand and agree to be bound by this agreement.

Signature of Employee _____ Date _____

ORIGINAL SIGNATURES ARE REQUIRED. FAXES WILL NOT BE ACCEPTED!

FOR PAYROLL USE ONLY:

Bank Code: _____ Date Entered: _____ Initials: _____