



Gadsden County School District

Elijah Key- Superintendent of Schools "Educating Every Student Today, Making Gadsden Stronger Tomorrow"

Phone Number

Dire	ect Deposit Authorization	Date
	e	
Social	I Security Number Date of Birth	
Addre	ess	
Phone Number Secondary Phone Number		
	NEW APPLICATION CHANGE REQUES	ST
checkin by me. discont	by authorize the School Board of Gadsden County, Florida to deposit my sing or savings account indicated below, and agree that such credit to this. I understand that School Board reserves the right to recall funds when tinue the Direct Deposit Program for any and all employees.	account constitutes payment and receipt
	unt Information	consist institution (bank gradit union)
YUU IIId	ay select only one type of account (checking or savings), and only one fir Financial Institution Name:	ancial institution (bank, credit union).
	Financial Institution Address:	
	Account Number: [] Checking:	
writte Depai notific Voide	authority will remain in full force and effect until the School Ben notification from me of change or termination. Such notice artment. Prior to the initiation of the first deposit, I will allow ication time to transmit new account information to the financed Check or a Direct Deposit Authorization Form from my Financeount. (This will take at least (1) payroll period)	e will be sent to the Payroll the Payroll Department sufficient tial institution. I will provide a

Employee Signature *

Date

^{*} As it appears on the Financial Institution account