

DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM
ESCAMBIA COUNTY BOARD OF EDUCATION

The Escambia County Board of Education **MANDATES** direct deposit of payroll checks for ALL NEW employees. Please attach a voided check for deposit into your checking account. We have an "EMPLOYEE PORTAL" for providing you with your payroll information. Please go to our web site, escambiak12.net, and click on the "NEWS" section to access the portal. You may change this service by completing this same form and marking "Change Direct Deposit". All changes must be in the payroll office by the 15th of each month for a "Pre-Note" to be sent to your bank to confirm the information provided is acceptable.

We also offer multi location for direct deposit. If you have another bank or credit union you have a deduction to, we can do this on the same deposit. **We have been instructed to inform you, if you have payments made automatically from these accounts, you must speak with a representative from your bank to discuss procedures for continuing the auto payment feature.**

Employee Name: _____	SSN# _____
Work Location (School): _____	Email _____
Main Bank Account Bank Name: _____	Routing # _____ (Circle One) Checking / Savings Account # _____
**** The remainder of your check, after subtracting the 2 nd and 3 rd account amount will be deposited into your main account.	Must Circle Checking or Savings For each account.
2nd Bank Account (Optional) Bank Name: _____ Amount to deposit (2 nd): _____	Routing # _____ (Circle One) Checking / Savings Account # _____
3rd Bank Account (Optional) Bank Name: _____ Amount to deposit (3 rd): _____	Routing # _____ (Circle One) Checking / Savings Account # _____

NEW – Authorization for Direct Deposit

_____ I hereby make request of the Escambia County Board of Education (Board) to deposit my paycheck directly into my checking/savings account. I am providing the necessary and required bank account information as well as a voided check. I understand that this direct deposit will continue until I request in writing that it be discontinued or all payments due me have been received.

CHANGE – Authorization for Direct Deposit

_____ I hereby make request of the Escambia County Board of Education to change the information above on the direct depositing of my paycheck to my checking/saving account.

***** By signing this authorization I also understand the Board, in the event of my death, will continue to deposit all amounts due me to the account identified on this form until all amounts due me have been deposited.**

Employee Signature

Date

Send Original document to Payroll Department. No copies or facsimiles will be accepted.