

Financial Institution Routing and Transit Number:

Financial Institution Rep. Signature



## **Gadsden County School Board**

**Elijah Key-Superintendent of Schools** "Putting Children First"

Phone

			Date
Dire	ect Deposit Authori	zation	
Name	!		
Social Security Number		Date of Birth	
Addre	ess		
Phone Number Secondary Phone Number			
	NEW APPLICATIO	N CHANGE REQUEST	
checkir by me. discont	ng or savings account indicated be I understand that School Board in tinue the Direct Deposit Program for unt Information	adsden County, Florida to deposit my sala low, and agree that such credit to this acc reserves the right to recall funds when ser or any and all employees.  (checking or savings), and only one finan	count constitutes payment and receipt it in error and to interrupt or
TOU THE	Financial Institution Name:	siai institution (bank, orealt union).	
	Financial Institution Address:		
	Account Number: [ ] Checking: Routing #		Routing #
			-
from m	ne of change or termination. Such	d effect until the School Board receives the notice will be sent to the Payroll Departm ent sufficient notification time to transmit r yroll period)	ent. Prior to the initiation of the first
	Employee Signature*	<u>Date</u>	Phone Number
* Ac i1	t appears on the Financial Instit	ution account	
A3 II		ution account	
	Fi	nancial Institution Information Onl	<b>17</b>

Date

As the official representative of the above financial institution, I hereby assure the School Board of Gadsden County, Florida that said institution is prepared to and will accept responsibility for Direct Deposit Funds and that account numbers have been verified.

Title