

**THE SCHOOL DISTRICT OF ESCAMBIA COUNTY**  
Payroll Department - 75 North Pace Blvd - Pensacola, Florida 32505

**Direct Deposit Authorization Form**

Return Completed Direct Deposit Form to the Payroll Department. If you have questions please call 469-6285 or 469-6198. The fax number for the Payroll Department is 469-6353.

Work Location: \_\_\_\_\_

Check one:  Inst/Admin/Prof  Educational Support  Substitute-ESP  Substitute-INSTR  Coach Not Tch  Other

- > Verify with your financial institution(s) on your pay date that your direct deposit is correct.
- > If you have been without pay for more than 6 months, verify the status of your direct deposit with Payroll.
- > Allow up to 30 days for processing this request.

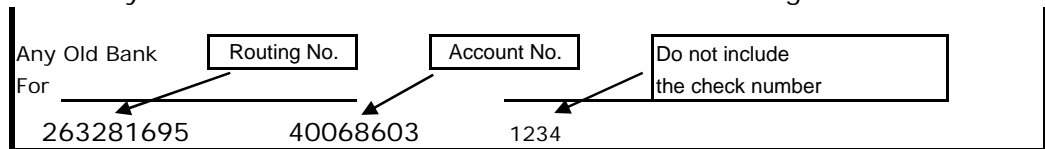
Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change		
Name (Last, First, Middle Initial)		Social Security# (last 4 digits)
<b>Account Information</b> The last item must be for the remaining amount owed to you. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck		
1) <b>Bank Name/City State</b>		
Transit Routing Number (must be 9 numbers)		Account Number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Payroll Debit Card		I wish to deposit \$ _____ or <input type="checkbox"/> Entire Net Pay
2) <b>Bank Name/City State</b>		
Transit Routing Number (must be 9 numbers)		Account Number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Payroll Debit Card		I wish to deposit \$ _____ or <input type="checkbox"/> Entire Net Pay
<i>I authorize the School District of Escambia County, Florida to direct deposit funds to my account (s) in the financial institution(s) listed above. If funds to which I am not entitled are deposited to my account, I authorize the School District of Escambia County to initiate a debit entry. If any of the above information changes, I will promptly complete a new authorization form. This authority is to remain in full force and effect until 30 days after the School District has received written notification of cancellation of this direct deposit</i>		
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number

If you select to have your payment sent to your:

**Checking Account:** Tape a voided check or a copy of a check to the bottom of this form.

**Savings Account:** Contact your financial institution to obtain its transit routing number.

Do Not Attach Deposit Slip to Direct Deposit



If a voided check is not attached, this form must be completed and signed by your bank

Signature of Bank Representative \_\_\_\_\_

Phone Number \_\_\_\_\_