

AUTHORIZATION AGREEMENT  
 FOR AUTOMATIC DEPOSITS-CREDITS  
 (ALL employees are eligible for direct deposit)

Note: After the receipt of the direct deposit form by the Payroll Office, there will be a one pay period delay in processing in order to validate your banking data. During this time, you will receive a regular paycheck. FOR CHECKING ACCOUNTS: A VOIDED OR CANCELLED CHECK MUST BE ATTACHED (do not use direct deposit slips).

**(Please Print):**

EMPLOYEE ID#	EMPLOYEE NAME		
	FIRST	MIDDLE INITIAL	LAST

BANK ROUTING NUMBER:	BANK ACCOUNT NUMBER:
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BANK NAME:	ACCOUNT TYPE:	CHECK ONE:
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> NET PAY <input type="checkbox"/> ADDITIONAL DEPOSIT; \$_____ * <small>*based on 24 annual pays only; no additional deposits will be made in 3<sup>rd</sup> pay months</small>

In the event that Charles County Public Schools notifies the Employee's Bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Charles County Public Schools as soon as possible.

**Signature of Employee** \_\_\_\_\_ **Date:** \_\_\_\_\_

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STAPLE VOID CHECK HERE

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FOR PAYROLL USE ONLY:

C      S      H

Bank Code: \_\_\_\_\_

Prenote Date: \_\_\_\_\_

Live Date: \_\_\_\_\_