

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 (850) 469-6199. The fax number for the Payroll Department is (850) 469-6353.

Your Work Location: _____

Check one: Inst/Admin/Prof Ed Support Sub-ESP Sub-INSTR Coach Not Tch Other

- * Verify with your financial institution(s) on your pay date that your direct deposit is correct.
- * Allow up to 10 days for processing this request.
- * Only 2 accounts are allowed for direct deposit.

Check one of the following: START CHANGE STOP

Name (Last, First, Middle Initial)	Last 4 of Social Security #
District Email Address (REQUIRED)	@ecsdfl.us

Account Information

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 Bank Name/City, State	
Transit Routing Number (must be 9 numbers)	Account Number
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	I wish to deposit \$ _____ OR <input type="checkbox"/> Entire Net Pay NO PERCENTAGES!
*Payroll Debit Card <input type="checkbox"/>	*Have you previously been issued a Rapid Pay Card from the ECSD and if so, do you still have the card? YES <input type="checkbox"/> NO <input type="checkbox"/>

#2 Bank Name/City, State	
Transit Routing Number (must be 9 numbers)	Account Number
Checking <input type="checkbox"/> Savings <input type="checkbox"/> *Payroll Debit Card <input type="checkbox"/>	I wish to deposit \$ _____ OR <input type="checkbox"/> Entire Net Pay NO PERCENTAGES!

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 10 days after the School District has received written notification of cancellation of this direct deposit. Changes updated in Skyward must be verified for accuracy by the employee or their pay may be delayed for up to 10 business days.

Date:	Employee Signature	Daytime Phone Number
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If you select to have your payment sent to your Checking or Savings Account:
 Tape a voided check, a copy of a check, or your banking institution authorization form to the bottom of this form.

Do Not Attach Deposit Slip to Direct Deposit!

