

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 469-6181 or 469-6198. The fax number for the Payroll Department is 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.
- * 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.
- * 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 #					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>					

District Email Address (REQUIRED)	@ecsdfl.us
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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	*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	

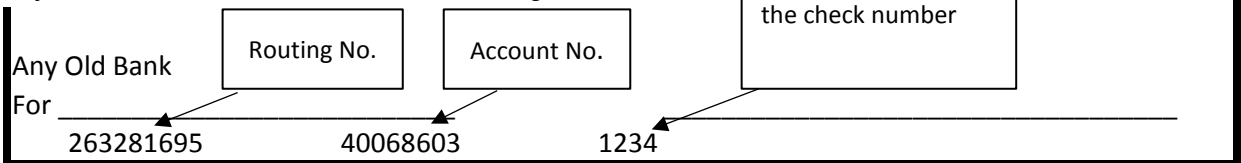
I authorize the School District of Escambia County, Florida to direct deposit funds to my account(s) in the financial institution(s) listed above. If funds to which I am not entitled are deposited to my account, I authorize the School District of Escambia County to initiate a debit entry. If any of the 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.

Date:	Employee Signature	Daytime Phone Number
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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
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