



2700 Judge Fran Jamieson Way
 Viera, FL 32940
 Ph: 321-633-1000
 Fax: 321-633-3534

School Board

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Employee ID #: **To Be Assigned**

Employee Address: _____

School/Dept. #: **7000**

Employee Phone #: _____

Date of Request: _____

MAIN ACCOUNT

Bank Name: _____ Routing #: _____

Account #: _____ Deposit Amt: \$ Checking Savings

ADDITIONAL ACCOUNT

Bank Name: _____ Routing #: _____

Account #: _____ Deposit Amt: \$ Checking Savings

ADDITIONAL ACCOUNT

Bank Name: _____ Routing #: _____

Account #: _____ Deposit Amt: \$ Checking Savings

- * Please list **ALL** of your accounts. Confirm the Routing and Account numbers are listed correctly.
- * Please attach a VOIDED check for **EACH** checking account listed. In lieu of a VOIDED check a Direct Deposit Authorization form from your bank listing your Name, the Routing and your Account number will be accepted.
- * Please attach a VOIDED deposit slip for **ONLY the SAVINGS** accounts. If the Routing number located on the lower left hand corner begins with a 4 or 5, this is incorrect and you will need to contact your bank for the correct **ACH** number or a Direct Deposit Authorization form listing the correct information.

*****Please make sure your Direct Deposit change with the School Board has taken effect prior to closing your bank account, otherwise the funds will be returned to the School Board causing a 10 day delay before receiving your pay.**

****Teachers, Guidance Counselors and Assistant principals WILL NOT be able to change their Direct Deposit accounts between the C-26 Payroll Run and through the C-04 Payroll Run at the start of the school year due to Fiscal Year End processing.**

I/We hereby authorize the School Board of Brevard County to initiate electronic payroll credit entries to the account(s) indicated, and if necessary, a debit entry reversing a credit entry made in error. This authority is to remain in full force and effect until the School Board has received written notification from me of its termination in such time and manner as to afford the Board and the Financial institution a reasonable opportunity to act on it.

By signing, I/We agree to and acknowledge the above terms.

Employee Signature _____ **Date** _____

Account Holder, if not the Employee _____ **Date** _____

**** Please Initial:** _____ I will not have my entire Payroll Direct Deposit forwarded to a financial institution in a country outside the contiguous United States.

*****Please allow 30 to 45 business days for processing.*****