



ORANGE COUNTY PUBLIC SCHOOLS
 P.O. Box 271 Orlando, Florida 445 W. Amelia Street
 32802-0271 (407) 317-3200 32801-1127

DIRECT DEPOSIT AUTHORIZATION

FOR CHECKING ACCOUNTS - ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION.
COMPLETE SECTIONS A, B, & C

FOR SAVINGS ACCOUNTS - ATTACH A LETTER FROM YOUR BANK OR CREDIT UNION CONTAINING
 YOUR ACCOUNT NUMBER AND TRANSIT ROUTING NUMBER.
COMPLETE SECTIONS A, B, & C

After the form is completed and signed, it should be returned to Payroll Services at the ELC. New employees must leave this form with the representative at the paperwork session. Current employees may send this form to Payroll Services on the 4th floor of the ELC by courier or by mailing it to 445 West Amelia Street, Orlando, FL 32801-1127. When the form is received, it could take up to two pay cycles to become effective. **You must notify Payroll Services two weeks before your next pay date, using this form, to change your direct deposit before you close your account.** Emergency stop requests are processed the day they are received. Please be aware that Payroll Services will not release your check until you provide new direct deposit information. We recommend that you retain a copy of this form. Direct deposits will automatically be inactivated upon termination.

PLEASE TYPE OR PRINT CLEARLY

A {

Name of Payee (last, first, middle initial) _____	
Date of Birth: _____	Personnel # _____ Work Location: _____
Home Mailing Address: Street _____	
City _____	State _____ Zip _____
Telephone Number: W/L _____	Home _____

B {

Direct Deposit Action Requested (check only one): (1) Start <input type="checkbox"/> (2) Change <input type="checkbox"/> (3) Emergency Stop <input type="checkbox"/>		
Account Type (check only one): (1) Checking <input type="checkbox"/> (2) Savings <input type="checkbox"/>		
Transit Routing Number: _____		
Account Number: _____		
Name of Financial Institution: _____		
Branch Location: _____		Telephone Number: _____

C {

<u>AGREEMENT</u>	
I hereby authorize the School Board of Orange County to deposit all wages after deductions, directly into my account indicated above and agree that such credit to this account constitutes payment and receipt by me. The School Board reserves the right to recall funds sent in error and to interrupt or discontinue the Direct Deposit Program and issue paychecks to any and all employees. In addition, if funds are deposited to my account in error, I agree to be liable for restitution for all such amounts.	
By signature below I indicate I have read, understand and agree to be bound by this agreement.	
Signature of Employee _____	Date _____

ORIGINAL SIGNATURES ARE REQUIRED. FAXES WILL NOT BE ACCEPTED!

FOR PAYROLL USE ONLY:

Date Entered: _____ Entered by: _____ Checked by: _____