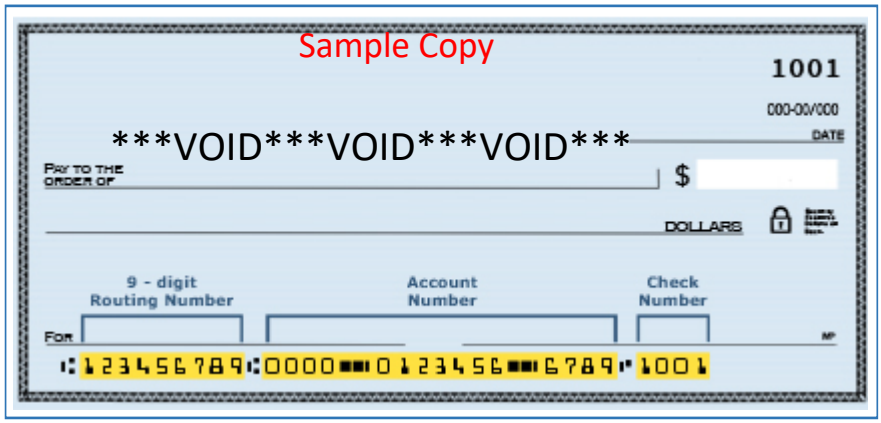
St. Lucie PUBLIC SCHOOLS

Direct Deposit Form

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize the St. Lucie Public Schools, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the Bank named below, to credit and/or debit the same to such account.

BANK NAME _____ STATE _____



ACCOUNT TYPE: CHECKING ☐ SAVINGS ☐

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

YOUR NAME: _____ SOCIAL SECURITY NUMBER: _____

PRINT LAST NAME, FIRST NAME — LAST 4 DIGITS REQUIRED

_____ _____

SIGNATURE — TODAY'S DATE

☐ Check this box if you would like to receive paperless pay stubs accessible on Skyward.

Once you have completed all the required fields, save the completed document on your device. Prior to your on boarding appointment, send your Direct Deposit form and a copy of your voided check to SLPS_Employment@stlucieschools.org or you may submit a direct deposit form completed by your bank. If you are unable to email your documents, you must bring them with you to your on boarding appointment. If you are a current employee making a change to your direct deposit information, please submit a copy of this document with the appropriate attachments to Ashley.Honeycutt@stlucieschools.org.

Allow at least two (2) full payroll periods for processing. It is the employee's responsibility to verify receipt of direct deposited funds into his/her account before writing checks against the account.

**Social security numbers are collected, and will only be used, in order to conduct background checks, and, once hired to process payroll/personnel action, employment benefits, and retirement benefits. (Last 4 digits are required)*