

Employee Name Code: _____
(office use only)



Employee Authorization for Direct
Deposit (ACH Credits) of Nonsalary
Payments

Employee Name _____
(please print)

Last 4 SSN: _____ Email Address: _____

I hereby authorize the St. Lucie County District School Board to initiate credit entries for nonsalary payments (e.g., travel reimbursements) to the account specified for direct deposit payment of my salary.

By signing below, you acknowledge that

1. This authorization will remain in effect until the School Board has received written notification from you of its termination,
2. The Board may, at its discretion, make nonsalary payments by paper check while this authorization is in effect,
3. In the event that erroneous funds are deposited into your account, you authorize the School Board to debit your account for an amount not to exceed that of the original credit, and
4. It is your responsibility to notify the School Board of any change in your banking information in writing, and to allow at least 2 payroll periods to process a change in your banking information.

Signature _____ Date _____

Return this form to:

St. Lucie County School Board, Attn: Accounts Payable, 9461 Brandywine Lane, Port St. Lucie, FL 34986.