

THE SCHOOL BOARD OF ST. LUCIE COUNTY, FLORIDA

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize the School Board of St. Lucie County, 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 _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ACCOUNT TYPE: CHECKING _____ or SAVINGS _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____

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.

NAME _____ SSN* _____
(Please Print)

DATE _____ SIGNATURE _____

Attach your VOIDED CHECK to this form. 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.**