

THE SCHOOL DISTRICT OF DESOTO COUNTY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME _____

- NEW ENROLLMENT SAME BANK / NEW ACCT. #
- BANK CHANGE

FINANCIAL INSTITUTION NAME: _____

CITY _____ STATE _____ PHONE # _____

PLEASE SELECT: CHECKING **OR** SAVINGS

I authorize The School District of DeSoto County, Florida, and the financial institution listed to deposit my net pay automatically to my account each pay period. I understand that if corrections in the net pay amount are necessary, it may involve an adjustment (credit or debit) to my account. This authorization will remain in effect until I notify the Human Resources Department of a change.

SIGNATURE _____ DATE _____

*****ATTACH A VOIDED CHECK *****

HUMAN RESOURCES DEPARTMENT ONLY

Date Received _____ Effective Payroll Date _____

BANK ROUTING & TRANSIT # (9 Digits) _____

ACCOUNT #: CHECKING _____
 SAVINGS _____