

**SCHOOL DISTRICT OF INDIAN RIVER COUNTY**  
**EMPLOYEE AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT**

I authorize the School Board of Indian River County, Florida to deposit the amounts listed below and/or my net pay and other categories of compensation to which I may be entitled directly into my checking or savings account. If funds to which I am not entitled are deposited in my account, I authorize the School Board of Indian River County to direct the financial institution to return said funds to the School Board. In the event the funds need to be correctly reissued, I will receive a check within 48 hours of notification.

This authorization agreement remains in effect until I provide Indian River County School Board written notification to cancel my direct deposit to my account.

**NAME:** \_\_\_\_\_

**ID #:** \_\_\_\_\_ **SITE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**INDICATE THE FOLLOWING ACCOUNTS FOR DIRECT DEPOSIT IN ORDER OF PRIORITY**

**Checking accounts: Employee must attach voided check– NO DEPOSIT SLIPS**  
**Savings Accounts: Attach a form from the financial institution indicating the ABA number (bank routing number) and your account number.**

**FIRST BANK:**

TYPE OF ACCOUNT (check one):

CHECKING  SAVINGS  AMOUNT/NET PAY: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ABA ROUTING #: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**SECOND BANK:**

TYPE OF ACCOUNT (check one):

CHECKING  SAVINGS  AMOUNT/NETPAY: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ABA ROUTING #: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**THIRD BANK:**

TYPE OF ACCOUNT (check one):

CHECKING  SAVINGS  AMOUNT/NET PAY: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ABA ROUTING #: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

DIRECT DEPOSIT ENROLLMENT IS EFFECTIVE THE 1<sup>ST</sup> PAYCHECK AFTER RECEIPT OF THE ENROLLMENT FORM.

006-2007- PAY  
GS1-SL-Item#129

Note: **CHANGING THE ACCOUNT NUMBER WILL CANCEL YOUR EXISTING DIRECT DEPOSIT.**