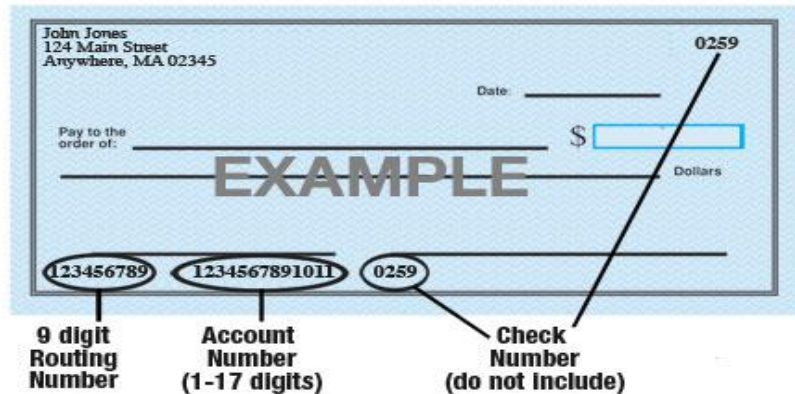


DIRECT DEPOSIT AUTHORIZATION

Employee's Name (*Print Clearly*) _____

Last 4 of Social Security # _____

STAPLE YOUR CHECK HERE.
DO NOT USE TAPE.



Name of Bank/Financial Institution

City

State

Routing Transit Number

Account Number

I understand that the net amount of my **entire** paycheck will be routed to my (Check One):

Checking

Savings

I hereby authorize the School Board of Leon County (LCSB), Florida, to initiate credit entries or debit corrections to my account/financial institution indicated above. This authorization is to remain in full force and effect until LCSB has received a written notification from me of its termination in such time and in such manner as to afford LCSB a reasonable opportunity to act on it. This authority will cease upon my termination of employment and/or retirement.

Employee Signature

Date

ONE OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS AUTHORIZATION:

- VOIDED CHECK
- VALIDATED ROUTING AND ACCOUNT NUMBER INFORMATION PROVIDED BY YOUR BANK.

PLEASE NOTE THE FOLLOWING:

It may take at least 2 payroll cycles before the direct deposit takes effect.
Prepaid Debit Cards or RUSH type accounts cannot be used for direct deposit.

OFFICE USE ONLY

PROCESSED BY: _____ DATE: _____ VERIFIED BY: _____