

Wakulla County School Board

Employee Authorization for Automatic Payroll Deposits

 NEW APPLICATION OR CHANGE

**Applicant MUST print or type all information except where signature is required.
If PRINTED use ball point pen only.**

I hereby authorize the School Board of Wakulla County, Florida to deposit my salary, after deductions, directly into my checking or savings account indicated below and agree that such credit to this account constitutes payment and receipt by me. I understand that the School Board reserves the right to recall funds sent in error and to interrupt or discontinue the Direct Deposit Program and issue paychecks to any and all employees. This authority will remain in full force and effect until the School Board receives thirty (30) days prior written notification from me of change or termination. Such notice will be sent directly to the Payroll Department. Prior to the initiation of the first deposit, I will allow the Payroll Department sufficient notification time to transmit new account information to the financial institution.
(This will take at least (1) payroll period.)

Employee's Last Name	First Name	M.I.	Soc Sec #	Wk Location	Inst. _____ Non Inst. _____
Financial Institution Name: NORTH FLORIDA EDUCATION CREDIT UNION					
Financial Institution Address: PO BOX 5198, 440 N. MONROE ST., TALLAHASSEE, FL 32314					
TYPE OF ACCOUNT: You may select only one (1) type of account, checking or savings and only one (1) financial institution, bank or credit union.					
Employee's Account (check one) <input type="checkbox"/> Checking No. _____ <input type="checkbox"/> Savings No. _____					
Employee Signature* X	Date		Phone () _____ - _____		

*As it appears on financial institution account

FINANCIAL INSTITUTION INFORMATION ONLY
(This section must be completed by your financial institution)

Financial Institution Routing Transit Number: **2631-8255-8**

As the official representative of the above financial institution, I hereby assure the School Board of Wakulla County, Florida that said institution is prepared to and will accept the responsibility of Direct Deposit Funds and that account numbers have been verified.

Financial Institution Rep. Signature Title Date Phone

White copy: Payroll Department, Wakulla County School Board, 126 High Drive, Crawfordville, FL 32326.
Yellow copy: Retained by the financial institution. **Pink copy:** Employee copy.