



## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

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Employee Name \_\_\_\_\_ Work Location/Position \_\_\_\_\_

Social Security Number \_\_\_\_\_  Certified  Classified  Administrator  
*(Please check one)*

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Checking  Savings Account Number \_\_\_\_\_  
*(Please check one)*

**I authorize the Franklin Pierce School District to deposit all payments at the bank indicated above.**

**If payroll receives this completed authorization form by the 10<sup>th</sup> of the month, I understand that my direct deposit will begin with my next payroll. I further understand that if this form is received after the 10<sup>th</sup>, I will need to pick up my next payroll check at the payroll office.**

**Payroll must be notified immediately of any changes in your account and/or bank.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYEE NAME: As appears on your FPS personnel record.

SOCIAL SECURITY NUMBER: Your social security number.

CITY & STATE OF BANK: Must be where account was opened.

ACCOUNT NUMBER: The bank account number, note checking or savings.

SIGNATURE & DATE: Your signature and date signed.

**ACCOUNT VERIFICATION: Attach a voided check or account verification form from your financial institution.**