



# Direct Deposit Enrollment Form

## Authorization Agreement

I hereby authorize Poquoson City Public Schools to automatically deposit all net pay amounts payable to me by Poquoson City Public Schools to my account at the financial institution named below. I also authorize Poquoson City Public Schools to make withdrawals from this account in the event that a credit entry was made in error.

Further, I agree not to hold Poquoson City Public Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Poquoson City Public Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

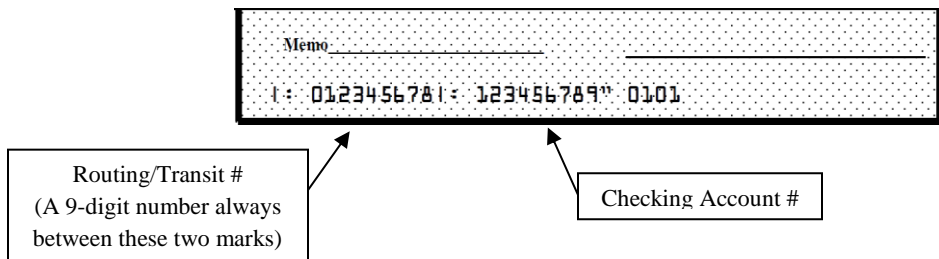
If I plan to close an existing account where my direct deposit is made, I understand that I should not close this account completely until I confirm with Payroll that my new direct deposit account information has been verified.

|                                 |              |
|---------------------------------|--------------|
| <b>Employee Name (Printed):</b> |              |
| <b>Employee ID Number:</b>      |              |
| <b>Employee Signature:</b>      | <b>Date:</b> |

## Account Information

Please complete the account information below **AND** attach a voided check for a checking account. If you are depositing to a savings account, ask your financial institution to give you documentation on the account and routing/transit number for your account. It is not always the same as the number on a savings deposit slip.

Sample check MICR line, detailing where the necessary information to complete this form can be found:



|   |  |
|---|--|
| <b>Name of Financial Institution:</b>   |  |
| <b>Routing/Transit Number:</b>          |  |
| <b>Account Number:</b>                  |  |
| <b>Account Type (please check one):</b> | <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b> |

*This original form, along with appropriate documentation, **MUST** be hand delivered to the PCPS Payroll Department.*