## ASHEVILLE CITY SCHOOLS

## AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY

## **Instructions:**

Complete all items and return to the Payroll Office. The deposit information will be confirmed through the system before the first automatic deposit is made. Payroll checks should be expected until you have received the initial notice of deposit. Note: Be sure your attached voided check contains both the bank transit-routing and account numbers. If you do not have a voided check please attach a letter from the bank containing this information. Any changes received after the 15th of the month (except December) will not take effect until the following month. DO NOT close your previous direct deposit account until you see your check deposited into the new account.

Social Security No.	First Name	N	ЛI		Last Name	
Bank Name		Bank Locati	Bank Location			
Fo	or Deposit to: (inc	dicate <b>one</b> by a	n ch	neo	ck mark)	
Checking Account		Savings Ac	Savings Account			
If Changing Banks: write form		ge When Applicable   If Changing Names: write former name				
I authorize the Asheville City S initiate any necessary adjustmen					count and bank indicated and to ction credited to it in error.	
Employee Si				Date		
Employee F	Printed Name					
staple. If you do not have a v		se attach a lett	ter f	fr	this space using transparent tape or om the bank that contains the bank number.	
NET PAY I	MAY BE DEPOS	ITED TO ONE	E (1)	) A	ACCOUNT ONLY	