



DIRECT DEPOSIT AUTHORIZATION

I AUTHORIZE TUSCALOOSA CITY SCHOOLS TO DEPOSIT MY NET SALARY
DIRECTLY INTO MY ACCOUNT AT THE FINANCIAL INSTITUTION STATED BELOW

Employee Name: (please print) _____

Emp ID or Social Security #: _____

Name of Financial Institution: _____

Type of Account: Checking Savings

Routing Number: _____

Account Number: _____

Attach a voided check or letter from your bank that includes the routing and account numbers.

- * I understand that I must attach a voided check or letter from my bank that includes my routing and account numbers.
- * I understand that it is my responsibility to verify that funds are deposited into my account before withdrawals are made.
- * I understand that my check will not be direct deposited until my account number is verified.
- * I understand the first month is a pre-test and **I will receive a paper check to be picked up at the Central Office on the last working day of the month - employee identification is required.**
- * I understand if my account is closed, I must submit a new account before my paper check can be released.

Signature

Date