



Direct Deposit

Authorization Agreement Form

You may have as many as two direct deposits. One must be a set dollar amount and the other can be the net balance of your check. You will no longer receive paystubs. You can print off a paystub in Employee Online.

EMPLOYEE INFORMATION

Name: _____ Daytime phone number: _____

IFAS ID: _____ Site: _____ (if at multiple sites please select your home school)

ACCOUNT INFORMATION

Choose Bank option 1. ☐ Net Balance of Check: check one: ☐ START ☐ STOP ☐ CHANGE

Select one: Checking/Draft* ☐ Savings/Share Account** ☐

Name of Bank or Credit Union: _____

Routing number: _____

Account number: _____

Please attach voided check, Direct Deposit form or information from your bank showing your name account number, and routing number.

Choose Bank option 2. ☐ Dollar Amount only: _____ check one: ☐ START ☐ STOP ☐ CHANGE

Select one: Checking/Draft* ☐ Savings/Share Account** ☐

Name of Bank or Credit Union: _____

Routing number: _____

Account number: _____

Please attach voided check, Direct Deposit form or information from your bank showing your name account number, and routing number.

AUTHORIZATION AGREEMENT

Note: Notification of a change in bank or bank account should be made no less than 10 days prior to the next scheduled payroll.

I understand that my direct deposit will be stopped if my wages are garnished or assigned. The stop will remain in effect until said garnishment or levy has been legally released. The stop of direct deposit does not apply to child support.

Print Name: _____

Employee Signature: _____ Date: _____