

Poquoson City Public Schools Direct Deposit Enrollment Form

500 City Hall Ave, Suite 219
Poquoson, VA 23662
(757) 868-3055



Personal Information:

~ Name Must Match Your Social Security Card ~

NAME: _____
Last First MI

EMP ID OR LAST 4 OF SSN #: _____ PHONE #: _____

Direct Deposit Account Information:

Please complete the information below **AND** attach a voided check **or** a direct deposit form from your bank (this can often be accessed through your mobile banking app). Direct deposit enrollments or changes will **NOT** be processed without proper documentation.

Check one: ☐ New Direct Deposit Set Up ☐ Change in Current Direct Deposit

Name of Financial Institution: _____

Routing Transit Number: _____

Account Number: _____

Account Type (please check one): ☐ Checking ☐ Savings

Authorization Agreement:

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

This agreement will remain in effect until Poquoson City Public Schools receives 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 until I confirm with Payroll that my new direct deposit account information has been verified.

Signature _____

Date _____

RETURN THIS FORM TO THE PAYROLL DEPARTMENT