Direct Deposit Authorization Agreement

The first pay period after any account changes or for new hires may be a live check delivered to your school/department or mailed to your home**	
Employee Name:	Last 4 digits of Social Security Number:
□ New Enrollment	□ Change Existing Primary Account

I hereby authorize Fort Mill School District to initiate automatic deposits to my account at the financial institution named below. I also authorize Fort Mill School District to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Fort Mill School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by 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 Fort Mill School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization agreement to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Authorized Signature:	Date:

Please attach a voided check or bank information sheet and return this form to the Payroll Department.