

INSTRUCTIONS FOR COMPLETING THE PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT

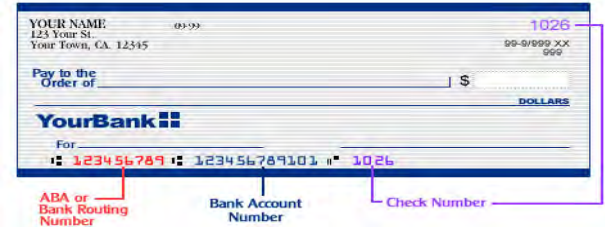
CHECKING

Print your legal name (no nicknames, please), last four digits of your social security number, and work site name in the EMPLOYEE INFORMATION section.

ACCOUNT INFORMATION:

Print your account number (including the routing number), bank name, and city and state. Place a “✓” in the checking box.

ATTACH A VOIDED CHECK or a letter from your financial institution showing your name as an account holder.



If you only want a **portion of your pay** to be a direct deposit, fill in the amount next to FIXED AMOUNT. The remaining “net” amount will be distributed in a check or deposited to another designated account. You can change a fixed amount by written request or email from your Volusia County School email account provided you are not changing account information.

To deposit the **full amount or remaining amount of your pay**, place a “✓” next to NET AMOUNT.

NOTE: A request for net pay to a new account will automatically cancel any previous net amount and the old account. A paper check will be issued while the new account information is verified as stated below.* A request to change the net pay amount will not change the deposit information for a *fixed* amount.

We will follow the normal payroll close date/pay date schedule published on the Payroll web site for effective dates.

- It will take at least two pay runs before your pay is actually direct deposited into your account.
- The first pay date after receipt of your request will be a test run to verify account information. You will receive a paper check during the test transmission.
 - If we do not receive an error message on the transmission, the following pay date should be direct deposit. Exceptions may occur during times when payments are issued more frequently than semi-monthly such as prior to winter break or at the end of the school year.
 - It is your responsibility to confirm that your direct deposit has been successfully processed before you issue any payments or establish automatic withdrawals.

ONLINE PAY STATEMENT

Use the ePortal to view your pay stub up to two days before pay date. Remember, your pay is not deposited until the actual pay date. If you are unable to view your statement online, check the second box at the bottom of the form and see the payroll clerk at your site.

SAVINGS

Follow all of the steps for checking, except place a “✓” next to savings account. For financial institution verification, attach a copy of your account card or a letter from the bank showing your account number, the transit routing number, and your name as an account holder.

CANCELLATION

You may **terminate** this agreement by checking the CANCEL box on the authorization form. You may also send a written request or email from your Volusia County School email account requesting the cancellation.

Please **DO NOT CLOSE YOUR ACCOUNT BEFORE CANCELING YOUR DIRECT DEPOSIT** with the Payroll Department. If your pay goes to a closed account, we cannot reissue payment until the funds are returned. This can take several days and possibly a full week.

PLEASE REMEMBER TO SIGN AND DATE THE FORM.

Return your completed form to the Payroll Department, Deland Administration Complex (DAC), 200 North Clara Avenue, DeLand, FL 32721. For additional information, please contact Payroll 386-734-7190, extension 20362

VOLUSIA COUNTY SCHOOLS
Payroll Direct Deposit Authorization Form

Employee Information

Last Name: _____	First: _____	MI: _____	Social Security Number: _____	Work Site: _____
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1. Account Information: <input type="checkbox"/> New <input type="checkbox"/> Amount Change				
Financial Institution Name: _____		City & State: _____		
Account Number: _____		Transit Routing # _____		
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Net Amount	<input type="checkbox"/> Fixed Amount: \$ _____ (only one account can have a net amount)	
	<input type="checkbox"/> Savings	<input type="checkbox"/> Net Amount	<input type="checkbox"/> Fixed Amount: \$ _____ (only one account can have a net amount)	
<i>A new account for Net Amount will automatically cancel deposits to an existing account with Net Amount</i>				

2. Account Information: <input type="checkbox"/> New <input type="checkbox"/> Amount Change				
Financial Institution Name: _____		City & State: _____		
Account Number: _____		Transit Routing # _____		
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Net Amount	<input type="checkbox"/> Fixed Amount: \$ _____ (only one account can have a net amount)	
	<input type="checkbox"/> Savings	<input type="checkbox"/> Net Amount	<input type="checkbox"/> Fixed Amount: \$ _____ (only one account can have a net amount)	
<i>A new account for Net Amount will automatically cancel deposits to an existing account with Net Amount</i>				

3. rapid!PAYCARD Information: <input type="checkbox"/> New <input type="checkbox"/> Amount Change				
Financial Institution Name: <u>The Bancorp Bank</u>		City & State: <u>Wilmington, Delaware</u>		
Account Number: _____		Transit Routing # <u>0311-0116-9</u>		
	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Net Amount	<input type="checkbox"/> Fixed Amount: \$ _____ (only one account can have a net amount)	
<i>A new account for Net Amount will automatically cancel deposits to an existing account with Net Amount</i>				

<input type="checkbox"/> Cancel Deposit to	Bank Name: _____	Account #: _____
<input type="checkbox"/> Cancel Deposit to	Bank Name: _____	Account #: _____
<input type="checkbox"/> Cancel Deposit to	rapid!PAYCARD _____	Account #: _____

ATTACH A VOIDED CHECK OR BANK VERIFICATION FOR EACH NEW ACCOUNT.

Policy

This authority is to remain in effect until the Payroll Department receives notification of my termination or leave of absence or upon written request to cancel this deposit. This cancellation request must be received prior to the actual account closure to prevent unnecessary delays in processing payments. For employees in temporary or on-call positions, this agreement will expire after nine (9) consecutive months of payroll inactivity. Please allow one to two payroll cycles for direct deposit to begin for new accounts or when changing accounts. A paper check will be issued while the new account information is verified.

Agreement

I hereby authorize Volusia County Schools to initiate credit entries to the above account (s) and agree that such credit constitutes payment and receipt by me. The School Board reserves the right to recall funds sent in error, not to exceed the original amount of the erroneous credit and reserves the right to interrupt or discontinue the Direct Deposit Program and issue paychecks to any and all employees. In addition, if funds are deposited to my account in error, I agree to be liable for restitution for all such amounts. **I certify that I am currently a legal account holder on each account listed and will immediately notify the district if this should change.**

Online Pay Statement (select one)

- ☐ I will view and print my own direct deposit statement from the employee e-Portal
- ☐ I am unable to view or print my own direct deposit statement and request a paper statement to be provided.
- If in the future I am able to view or print my statement, I will rescind this request via the employee e-Portal.

Signature of Employee _____ Date _____

FAXES WILL BE ACCEPTED - FAX NBR: (386) 943-3407

Return form to: Payroll Department, DeLand Administrative Complex, 200 N. Clara Avenue, DeLand, FL 32127

Payroll Use Only:	Bank Code	Date Entered	Initials
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