

Cabarrus County Schools

Authorization Agreement for Direct Deposit of Payroll

Instructions:

1. Complete all fields of this form.
2. If depositing into a checking account, attach a voided personal check or a document from your bank indicating the transit routing and account numbers.
3. Sign and return the form to your treasurer, payroll contact, Human Resources or Payroll Departments with a current photo id. **For financial security and employee protection, forms signed outside of HR or Payroll will only be accepted from treasurer or payroll contact.**

Important Reminders:

1. Payroll deposits are credited to your account on the date that the salary payments are due (payday).
2. All new or changed direct deposit requests will be effective immediately. A live check will **NOT** be issued.
3. Direct deposit must be received in an appropriate time to process payroll.
4. Failure to notify the Payroll Office in a timely manner of changed or closed accounts may substantially delay the receipt of payments if funds are deposited into closed accounts.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
TimeKeeper # (Do not send SS's via email)	School / Department	Position

Note: You may elect to distribute your deposit into more than one account. The **primary** account is your main account; any remaining balance will be deposited here. **Additional** accounts are for secondary accounts (i.e. 2nd checking, savings, money market, etc). Please make sure to indicate what kind of account, along with the percentage or amount to be deposited.

Account Type	Name of Financial Institution	Bank Transit Routing #	Account Number	% or Amount	Deposit Balance
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> Primary	<input type="checkbox"/>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> Add'l	<input type="checkbox"/>

I hereby authorize Cabarrus County Schools to initiate credit entries (deposits) for the direct deposit of payroll to my checking and/or savings account(s) as indicated above. I further authorize Cabarrus County Schools to initiate debit entries (reversal/withdrawals) to my checking or savings account(s) indicated below and the depository indicated below to debit the same to such account if necessary, to correct previous credit entries. This authority is to remain in full force and effect until Cabarrus County Schools has received notification from me of its termination in such time and in such manner as to afford Cabarrus County Schools a reasonable opportunity to act on it.

_____	_____	_____	_____
Employee Signature	Date	Treasurer / Payroll Signature	Date

John Smith 0101
 90 East State Ave.
 Columbus, Ohio 43201

DATE _____

PAY TO THE ORDER OF _____ \$
 _____ DOLLARS

Main Street Bank
 Columbus, Ohio

MEMO _____

| : 012345678 | : 123456789 || ■ 0101

Routing #
Account #
Check # (Not Required for This Form)

voided check or deposit ticket here:

driver's license or photo id here:

- Attention treasurer / payroll contact:**
1. All direct deposit forms must come through the treasurer or payroll contact.
 2. Verify the name on the form with driver's license or photo ID.
 - a. Copy HERE and send with form.
 3. Employee should provide only their timekeeper number (not social security number).
 4. Sign above to certify you personally verified the employee's identity.
 5. Scan the completed form with the voided check and photo id.
 6. Email from your CCS email address.
 7. Signed forms will only be accepted from treasurer and payroll contact email addresses or hand delivered to Payroll Dept.