

RICHLAND COUNTY SCHOOL DISTRICT ONE Payroll Direct Deposit Authorization

Employee Name: _____

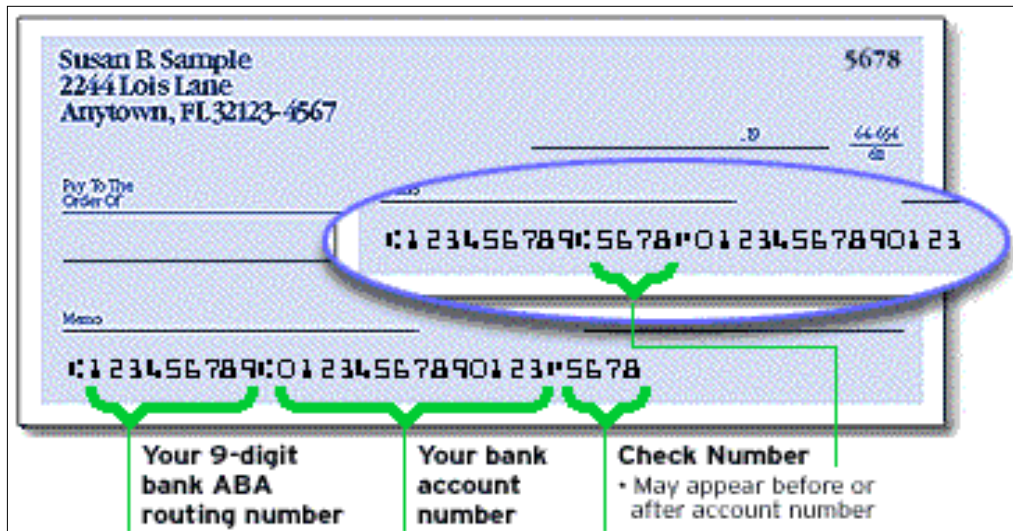
Employee ID# _____

Social Security #: _____

Location: _____

	<u>Checking</u> New / Change / Delete	<u>Savings</u> New / Change / Delete	<u>Checking or Savings</u> (circle one above) New / Change / Delete
Bank Name:	_____	_____	_____
Routing Number:	_____	_____	_____
Account Number:	_____	_____	_____
Deposit All of Net Check:	Yes / No	Yes / No	Yes / No
OR			
Specified Dollar Amount:	\$ _____	\$ _____	\$ _____

ATTACH VOIDED CHECK HERE



This is my authorization for Richland County School District One to automatically deposit my payroll checks into my account(s) in the financial institution(s) listed above. I understand this initial setup and subsequent changes may take up to two (2) processing cycles before going into effect. I also authorize Richland County School District One to make corrections related to any payroll transactions, including the debiting of my account in the event of an overpayment.

Employee Signature: _____

Date: ____/____/____

Joint Account Signature: _____

Date: ____/____/____