



SHELBY CITY SCHOOLS Direct Deposit Authorization

Request for (check only one)

Initial Request Change Cancellation

This Authorization for is used for direct deposit of payroll. Employees must complete and sign the authorization form which the payroll department keeps on file. **Employees must include a voided check or a letter from their bank with full account and routing numbers (or a copy of these items) to verify the information on this authorization form.** Employees may split their deposit into three different accounts if you so choose.

Financial Institution(s) Information

Financial Institution: _____

Transit/Routing #: _____

Account# _____

Please indicate Percentage _____% or specific amount \$ _____ to be deposited.

Type of Account: Checking Savings

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Transit/Routing #: _____

Account# _____

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Type of Account: Checking Savings

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Transit/Routing #: _____

Account# _____

Please indicate Percentage _____% or specific amount \$ _____ to be deposited.

Type of Account: Checking Savings

AUTHORIZATION AGREEMENT

I authorize Shelby City Schools and the financial institution(s) named above to deposit into my account. This authorization includes my consent to reverse any entries made in error. This authorization will remain in effect until I give written notice of change or cancellation.

Signature: _____ Date: _____