

Sumter County School Board
Direct Deposit Authorization Form

Employee Information

Employee Name: _____ Employee ID: _____

Payroll Primary Account (Net Pay)

Financial Institution: _____ Start ___ Change ___ Cancel ___

Routing Number: _____ Checking ___ Savings ___

Account Number: _____

Payroll Secondary Account (Fixed Dollar Amount: \$ _____)

Financial Institution: _____ Start ___ Change ___ Cancel ___

Routing Number: _____ Checking ___ Savings ___

Account Number: _____

***If you have more than one secondary account, an additional form will need to be completed and signed

I hereby certify that I am an owner of the above account and authorize the Sumter County School Board Payroll Department to deposit the net amount of my check to the financial institution(s)/account(s) listed above, and to post debit entries to correct any deposits made in error. This authorization shall remain in full force and effect until you have received written notification from me of its termination in such a manner as to afford a reasonable opportunity to act upon it.

Employee Signature: _____ Date: _____

Please attach voided check here