

Okeechobee County School Board
Direct Deposit Authorization Agreement

Name: _____
(Please Print Clearly)

I authorize the Okeechobee County School Board to initiate electronic credit entries for my salary checks to the financial institution listed below. I understand that if an excess deposit is made to my account in error, the Okeechobee County School Board may debit my account for the erroneous amount.

Check One: Checking Savings

Financial Institution: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

This authorization shall remain in effect until I have given written notification of its termination to the payroll department in such time and such manner as to afford the Okeechobee County School Board and my financial institution reasonable opportunity to act on it.

To prevent any delay in deposits to my account, I will immediately notify the payroll department of a change in bank or bank account information.

Signature: _____ Date: _____

Paperless Option

The paperless option is only available to regular, full-time employees. Substitutes and part-time employees will receive a paper copy of any direct deposit slips/pay stubs.

Yes - I select the option to receive my direct deposit slip/pay stub electronically, via Skyward. No - I select the option to receive a paper copy of my direct deposit slip/pay stub.

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK FROM YOUR ACCOUNT TO THIS AUTHORIZATION.