



Anniston City Schools

Direct Deposit Authorization Form

Employee Name: _____

Social Security Number: _____ or Employee Number: _____

One of the following documents must be attached to start a direct deposit

1. **A Check** (marked VOID) that my financial institution has generated with my name, address, routing and account number on a pre-numbered instrument.
2. **An Official Bank Form** printed from your bank or given with banking card, which provides an account number and the routing number of the financial institution where the account is active.

1. Bank Name/City/State: _____
Routing Number: _____ Account Number: _____
___ Checking ___ Savings ___ Other I wish to deposit \$_____.___ or ___Entire Net Amt.

2. Bank Name/City/State: _____
Routing Number: _____ Account Number: _____
___ Checking ___ Savings ___ Other I wish to deposit \$_____.___ or ___Entire Net Amt.

3. Bank Name/City/State: _____
Routing Number: _____ Account Number: _____
___ Checking ___ Savings ___ Other I wish to deposit \$_____.___ or ___Entire Net Amt.

I, _____, authorize the Payroll Department of Anniston City Schools to deposit amounts owed to me by direct deposit to account(s) listed above. By signing below, I am acknowledging that I am responsible for requesting the above changes and that all new information submitted is accurate.

Employee's Signature

Date

NOTE: Changes in your direct deposit will result in a paper check being issued for the current payroll in order to process the change through the automated system. All direct deposit changes must be received by the 15th of the month in order the automated system to test the account lines for errors and process directly to your financial institution the following month. All direct deposit changes received after the 15th will be entered and become active during the processing of the next month's payroll.