DIRECT DEPOSIT AUTHORIZATION FORM

DISTRICT 5 SCHOOLS OF SPARTANBURG COUNTY

NAME:_____ **SOCIAL SEC NO**: _____
(Please Print) (Very Important)

SCHOOL/LOCATION: _____

I hereby authorize **DISTRICT FIVE SCHOOLS**, hereinafter called "District", to initiate credit entries or debit corrections to my bank account(s) indicated below and the financial institution(s) named below to credit same to such account(s).

PRIMARY ACCOUNT Financial Institution: _____

City, State: _____

Bank Transit/ABA Number: _____

Account No.: _____

Type of Account: ____ Savings ____ Checking ____ Other **AMOUNT OF DEPOSIT: *Net Pay/Balance of net pay**

SECONDARY ACCOUNT: Financial Institution: _____

City, State: _____

Bank Transit/ABA Number: _____

Account No.: _____

Type of Account: ____ Savings ____ Checking ____Other AMOUNT OF DEPOSIT: $_____

(Attach a voided check or Account Card from financial Institution for each account)

The authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford the District a reasonable opportunity to act upon it.

IMPORTANT NOTICE: Changes must be received by payroll by the 10th of the month to reflect in that month's pay. Upon payroll's receipt of this Direct Deposit Authorization Form, **a mandatory test must be completed using the account numbers. This test will be done with the next regular payroll scheduled. A *REAL CHECK*** *(for Primary Account only)* **will be issued until a successful test of the numbers has been completed. Amounts requested to be deposited into a Secondary Account will be included in with the month's net pay until a successful test is completed.**

_____ _____
(Employee Signature) (Date)

- In the event the net pay for the month is insufficient to deposit the entire amount designated to the Secondary Account, **no funds** will be deposited into the Secondary Account. In this case, **he entire net pay will be deposited into the Primary Account.**