

**CHESTERFIELD COUNTY SCHOOL DISTRICT
DIRECT DEPOSIT REQUEST**

Date _____

EMPLOYEE NAME (please print) _____ EMPLOYEE ID# _____

ACCOUNT INFORMATION

Name of Bank (Depository) _____

Address _____ City _____ SC _____

To ensure accuracy for deposits to be placed in your account, you MUST send the following information:

- **Checking Account – Attach a voided check NOT a deposit slip**
- **Savings Account – Attach a document (not a deposit slip) from your bank with routing and account number**

Your direct deposit will be effective the second or third payroll date after receipt of this form. To ensure accuracy, a preliminary draft run is required.

CERTIFICATION STATEMENT

This authorization is to remain in full force and effect until Chesterfield County School District has received written notification requesting to terminate direct deposit. Termination of direct deposit will take place on the earliest date after receipt of a written notification.

- **Note: Any changes in the direct deposit status such as termination, change in banks, etc., should be directed to payroll.**

AUTHORIZATION AGREEMENT

I authorize Chesterfield County School District hereinafter called the EMPLOYER to initiate credit entries (deposits) to my bank account indicated above, hereinafter called the DEPOSITORY to credit the same such account. In the event of overpayment to my account, I authorize the EMPLOYER to make an adjusting debit entry to my account in the amount of overpayment.

Employee's signature _____ Date _____

Date received by payroll _____

Revised 6/24/14