

Loudoun County Public Schools
21000 Education Court
Ashburn, Virginia 20148
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM
(NEW/CHANGE/STOP)

1. This authorization is being requested as a result of: **(Please check one)**

☐ **NEW** Election ☐ **CHANGE** Account # or Bank ☐ **STOP** my direct deposit

2. Please indicate type of account for direct deposit: ☐ **Checking** Account ☐ **Savings** Account

3. The employee has the option of **one** of the following:

a. Attach a voided check from the financial institution that the deposit will be made to (as long as the document contains the necessary Bank Routing Number and Account Number).

Voided deposit slips and starter checks will not be accepted.

b. Take this form to the financial institution for completion (part 5 below). Direct Deposit will be prenoted.

c. For online banks, complete part 1, 2 and 4 of this form **and** attach a printed online version of a Direct Deposit request from the bank's web site. Please ensure it is signed and has the necessary Bank Routing Number and Account Number.

4. I understand that this authorization will become effective approximately one regular pay period after returning this completed form, assuming valid account and routing number are provided.

Printed Name of Employee

Employee's Signature

Date

Employee's Social Security Number

Employee's Location

In the event that Payroll Division *notifies the financial institution that funds to which I am not entitled have been deposited to my account in error*, I hereby authorize and direct the financial institution to return said funds to the Payroll Division as soon as possible.

5. **(This section to be COMPLETED BY FINANCIAL INSTITUTION)**

Name of Financial Institution to Which Direct Deposit Will Be Made

Address

City

State

ZIP

I, representing (Financial Institution) _____, hereby certify that:

1. Our Institution is authorized by the Federal reserve to receive transactions for the automatic deposit of funds to accounts.
2. Our Institution understands that the above-mentioned employee desires to have funds credited to his/her account through automatic deposit transactions via the system commonly referred to as A.C.H.
3. The A.B.A. Routing/Transit Number for our Institution is _____.
4. The above employee does actively maintain an Account # _____ in this Institution.
5. Our Institution understands that additional **CREDIT** and **DEBIT** transactions may be necessary to the account indicated.
6. Address for our Institution listed above is correct.

Printed Name of Authorized Officer of Financial Institution

Signature

Date

Title

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Area Code

Telephone Number

PLEASE SUBMIT COMPLETED FORM TO FINANCIAL SERVICES OFFICE AT THE ADDRESS ABOVE.