



## **DIRECT DEPOSIT AUTHORIZATION FORM**

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

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Bank Name: \_\_\_\_\_

Account number: \_\_\_\_\_ Indicate One:   Checking   ☐   Saving   ☐

Bank ABA/Transit Number: \_\_\_\_\_  
(Bottom left 9 digits on your check)

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*(Place required document here)*

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**A VOIDED CHECK, A DEPOSIT SLIP, OR A BANK DOCUMENT WITH ACCOUNT AND TRANSIT NUMBER MUST BE ATTACHED TO THIS FORM.**

**NOTE:** *Your application for direct deposit will take approximately 30 days to take effect. Standard payroll check(s) will be issued and mailed to your home until this account is verified.* This direct deposit will remain in effect until you or your bank notifies the Payroll Office, in writing, of a change or cancellation. Such notification must be made in a timely manner to afford the Payroll Office and Bank reasonable opportunity to act on it. Direct Deposit Authorization also expires upon any final payroll or a leave of absence. If you are making a change in your bank and/or account, please keep your old account open until the new account may be tested by the payroll system to avoid any delay in your pay.

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I hereby authorize Prince William County School Board (my employer) to direct deposit my payroll into the above referenced bank and bank account.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_