

**DUVAL COUNTY PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FORM**

Originals must be sent to Payroll - Emails or faxes will not be accepted.

PN _____ POSITION _____ RC# _____

S/S NUMBER _____ (Not Necessary If Providing PN)

EMPLOYEE NAME _____

EMPLOYEE ADDRESS _____

CHECK ONE: NEW APPLICATION _____ CHANGE _____ RE-INSTATE OLD ACCT _____

I hereby authorize Duval County Public Schools and the financial institution listed below to automatically deposit my net pay to:

BANK NAME: _____

BANK ROUTING NO. _____ BANK ACCOUNT NO. _____

CHECK ONLY ONE: _____ Checking _____ Savings

If I am not entitled to funds deposited into my account, I authorize the reversal of these funds. I understand that I will continue to receive a paycheck during the pre-notification period and until such time as the Duval County Public Schools can implement this direct deposit authorization. This authority is to remain in effect until I elect to change my financial institution or until separation of employment with the Duval County Public School System, at which time ***I will be placed on check status.*** Duval County Public Schools reserves the right to pay by payroll check in lieu of direct deposit when paying terminal leave or when unforeseen or emergency conditions arise. It is the employee's responsibility to review their pay statement to verify whether payment is by check or direct deposit.

EMPLOYEE SIGNATURE

DATE

INSTRUCTIONS:

FOR CHECKING ACCOUNT DEPOSITS: Please provide one of the following items:

1. Original voided check with your imprinted name.
2. Bank letter, on letterhead, containing the following information: date, name of account holder, account number, bank routing number, and signature of bank official.

Note: Temporary checks or deposit slips will not be accepted.

FOR SAVINGS ACCOUNT DEPOSITS: Please provide the following item:

1. Bank letter, on letterhead, containing the following information: date, name of account holder, account number, bank routing number, and signature of bank official.

ATTACH ORIGINAL VOIDED CHECK OR BANK LETTER
EMPLOYEE'S NAME MUST APPEAR ON THE CHECK

PLEASE RETURN ALL ORIGINAL DOCUMENTS TO:

DCPS, 1701 PRUDENTIAL DR., JACKSONVILLE, FL. 32207, ATTN: PAYROLL DEPARTMENT 2ND FLOOR

FOR PAYROLL USE ONLY:

REC'D BY PAYROLL _____ DATE ENTERED _____ DATE TO BEGIN _____

Rev: 09/2021