

## Payroll Direct Deposit Authorization

Employee Legal Name:			Effective Date:
Address:		City & State:	ZIP:
Birth Date:		Social Security Number:	
Phone:			
Note: Never email compl office mail, or fax to the payroll d will not be accepted.	epartment:(386)-312-4904-	oll department, you can de emailing the form could cond of Direct Deposit:	liver in person, send through interomprise your personal data and
I request my payroll deduc	tion/direct deposit be place	d in the following account	:
Please provide a voided o	check or letter from your find	ncial institution for the acc	ount listed below:
Bank Name	Bank Routing Number:	Account Number:	Type of Account
			Checking Savings
-OR-			
into the District's payroll departm my funds may not be available un Financial Institution Name: MetaB	til the end of business day c ank	on pay day.	
Routing Number: 124085244	Direct Deposit Number 353		
	btained through additional		
I authorize Putnam County School directly into the account(s) shown initiate credit entries and any corron each payday, unless I notify Put School District's receipt of a reque reasonable opportunity to act upo	and/or I hereby authorize I ecting entries to my assigne nam County School District st to cancel a direct deposit	Putnam County School Dist  ed rapid! PayCard account.  in writing of my intent to	rict to assign a rapid! PayCard and The direct deposit(s) will be made cancel. Upon Putnam County
In the event funds are deposited e account(s) not to exceed the origin	rroneously into my account nal amount of the credit.	, I authorize Putnam Coun	ty School District to debit my
I understand that Putnam County S that all direct deposits are made the terms and limitations of the ACH a	rough the Automated Clea	ring House (ACH), and that	leposit request. I also understand : funds availability is subject to the
Employee Signature:		Date:	

District School Board of Putnam County Florida Phone: 386-312-0604

200 Reid Street, Palatka, FL 32177 Fax Number: 386-312-4904