

PINELLAS COUNTY SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FOR SAVINGS ACCOUNT

Send To: **PINELLAS COUNTY SCHOOLS**
Payroll Department/ACH
301 Fourth St. SW
Largo, FL 33770-3536
Ph. 727.588.6162

SS#
Social Security Number (Last 4 digits)

EMPLOYEE NAME _____ (Please Print)

Direct Deposit Action Requested (**Mark only one**): (1) Start _____ (2) Change _____
Job classification: Instructional _____ Administrative _____ Supporting Service _____

Direct Deposit Authorization Agreement for Savings Account

I hereby authorize Pinellas County School Board to deposit **100%** of any payments to me, including my net pay and expense reimbursement to my savings account and if necessary, to make adjustments for deposits made in error to my savings account listed below. This authority will remain in force and effect until the School Board receives written notification from me of it's termination or change and in such time and manner as to afford the School Board a reasonable opportunity to act upon it.

EMPLOYEE SIGNATURE: _____ DATE: _____ / _____ / _____

Take this form to the financial institution for completion of the transit routing number and your savings account number.

<p>Financial Institution _____</p> <p>Branch _____</p> <p>City _____ State _____</p> <p>⋮ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ⋮</p> <p>Transfer Routing Number</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Savings Account Number</p> <p>Signature of <i>authorized agent</i> of financial institution.</p> <p>_____</p>	<p>This form authorizes deposit to the savings account only. Contact your financial institution for any further disbursements.</p> <p>Note: By policy a test on all direct deposit transactions (new and changes) will be completed to ensure accuracy. Because of this, your first pay check after your request is processed will be a regular check mailed to your address on file.</p>
---	---

If you transfer your account from the Achieva Credit Union to another financial institution and you have a loan at the Credit Union, you must fill out Achieva's Payroll Deduction Authorization form at one of their locations.

FOR PAYROLL USE ONLY Date Entered: _____ Initials: _____