

**PAGE COUNTY PUBLIC SCHOOLS
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

Authorization Agreement for Direct Deposit of Pay (ACH)

Account # _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Routing # _____	
Bank Name _____	
Amount to Deposit: Net Amount <input type="checkbox"/> Flat Amount \$ _____	

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Routing # _____	
Bank Name _____	
Amount to Deposit: Net Amount <input type="checkbox"/> Flat Amount \$ _____	

I hereby authorize Page County Public Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is to remain in full force and effect until Page County Public Schools has received written notification from me, to the attention of the Payroll Clerk, of the termination of this authorization. Changes to this authorization agreement that are received after the 1st of the month will not be effective until the next month.

Authorized Signature: _____ Date _____

Print Name _____

Please attach a voided check or savings account deposit slip for account validation.

EMAIL ADDRESS _____

**Employees are sent pay transmittals via email.
Full time employees will be assigned an email address.**