

AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

Box 1

Please check one of the following:

- I authorize Chesterfield County Public Schools to automatically deposit all net amounts payable to me into the financial institution and account listed below. (complete Box 2)
- I want to change the financial institution and/or account that Chesterfield County Public Schools is automatically depositing my paycheck into. (complete Box 2)
- I want to stop the automatic deposit of my paycheck from Chesterfield County Public Schools.

I understand that when beginning automatic deposit or changing bank accounts, I will go through the pre-note process for one pay cycle and during that time I will receive a regular paycheck to cash or deposit myself. It is my responsibility to notify the Payroll Department if I wish to stop or change the automatic deposit information on file.

Employee Signature: _____ Date: _____

Box 2

Financial Institution

City / State

Account Number

Checking or Savings

Employee Name

Employee SSN

A DEPOSIT SLIP MUST BE ATTACHED HERE