



## Halifax County Schools

### Authorization for Automatic Deposit of Paycheck

**Instructions:** Complete all items and return to the Payroll Office. Any employee wishing to split their deposit into two different accounts, please be sure to fill in **all** appropriate sections so that there isn't a delay in entering your information.

All changes of bank information must be furnished no later than the 10<sup>th</sup> of each month.

Social Security Number	First Name	Middle Initial	Last Name

#### Bank Account Information

	Bank Name	Checking or Savings	Account Number	Routing Number	% of Paycheck
<i>Example</i>	<i>State Employees Credit Union</i>	<i>C</i>	<i>123456789</i>	<i>987654321</i>	<i>83%</i>
Primary Account					%
Additional Account					%

Please attach copies of bank printout with account numbers included so that we can ensure there are no transposed numbers. For Checking accounts, you can attach a check copy.

***I hereby authorize Halifax County Schools to initiate credit entries, either debit or credit which are necessary for corrections, to my account as evidenced by the attached void check and/or depository documentation from my financial institution. This authority is to remain in full force and effect until written notification from me of its termination and in a manner as to afford reasonable opportunity to act. Halifax County Schools reserves the authority to terminate direct deposit at any time.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Please Attach A Check for The Above Checking Account Here and Any Supporting Documentation for Savings Accounts To The Back.**

This Form must be completed, signed, and returned to the payroll office at

Halifax County Schools  
9525 Hwy 301 S  
Halifax NC 27839