

HALIFAX COUNTY SCHOOLS  
AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY

**Instructions:** Complete all items and return to the Payroll Office in the Finance Department. The deposit information will be confirmed through the banking system before the first automatic deposit is made. Payroll checks should be expected until you have received the initial notice of deposit. NOTE: Be sure your attached cancelled or voided check contains both the bank transit and routing numbers, as well as the account number.

**\*All changes of bank information must be furnished no later than the 10th of each month.**

Social Security Number

First Name

Middle Initial

Last Name

Bank Name

Bank Location

For Deposit to: (indicate one by checking)

Checking Account ( )

Savings Account ( )

Indicate Change When Applicable

If Changing Banks: write former bank name

If Changing Names: write former name.

I authorize the Halifax County Schools to deposit my net pay to the account and bank indicated and to initiate any necessary adjustment entries to my account for any transactions credited to it in error.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please attach a cancelled or voided check for the account to be deposited in this space using transparent tape.