Loudoun County Public Schools
21000 Education Court
Ashburn, Virginia 20148

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM
(NEW/CHANGE/STOP)

1. This authorization is being requested as a result of: **(Please check one)**

☐ **NEW** Election ☐ **CHANGE** Account # or Bank ☐ **STOP** my direct deposit

2. Please indicate type of account for direct deposit: ☐ **Checking** Account ☐ **Savings** Account

3. The employee has the option of attaching a voided check from the financial institution that the deposit will be made to (as long as the document contains the necessary Bank Routing Number and Account Number) or, may elect to take this form to the financial institution for completion. (Bank starter checks will not be accepted.)

4. I understand that this authorization will become effective approximately one regular pay period after returning this completed form, assuming valid account and routing number are provided.

_____ _____
Employee's Printed Name Employee's Signature Date

_____ _____
Employee's PID Employee's Location

In the event that Payroll Division *notifies the financial institution that funds to which I am not entitled have been deposited to my account in error*, I hereby authorize and direct the financial institution to return said funds to the Payroll Division as soon as possible.

5. **(This section to be COMPLETED BY FINANCIAL INSTITUTION)**

_____
Name of Financial Institution to Which Direct Deposit Will Be Made

_____
Address

_____
City State ZIP

I, representing _____ (Financial Institution), hereby certify that:

1. Our Institution is authorized by the Federal reserve to receive transactions for the automatic deposit of funds to accounts.
2. Our Institution understands that the above-mentioned employee desires to have funds credited to his/her account through automatic deposit transactions via the system commonly referred to as A.C.H.
3. The A.B.A. Routing/Transit Number for our Institution is _____.
4. The above employee does actively maintain an Account #_____in this Institution.
5. Our Institution understands that additional **CREDIT** and **DEBIT** transactions may be necessary to the account indicated.
6. Address for our Institution listed above is correct.

_____ _____
Printed Name of Authorized Officer Signature Date

_____ ( )
Title Area Code Telephone Number

PLEASE SUBMIT COMPLETED FORM TO BENEIFTS DIVISION AT THE ADDRESS ABOVE.

December, 2005 Financial Services Use Only: Prenote on_____ By_____