



RICHMOND COUNTY SCHOOL SYSTEM PAY DEPOSIT FORM

HOW TO APPLY

In order to participate in the direct deposit program, complete this form and return to the BUDGET AND FINANCE DEPARTMENT. The direct deposit may take up to two pay cycles to take effect based on receipt of the change, **so please plan accordingly. If a direct deposit banking institution is not selected, you will be issued a PAY CARD, which will take effect in the first month of hire.** Subsequent changes to your direct deposit should be made through EMPLOYEE ONLINE, available through the RICHMOND COUNTY SCHOOL SYSTEM Intranet site. **Please ensure that all account numbers are written clearly and correctly.** Any errors due to employee error may result in a delay in receipt of your paycheck while the School System waits for return of your funds from our bank.

To enroll in Direct Deposit, **A VOIDED CHECK from your bank/credit union account must accompany this authorization form. This check must be imprinted with the bank routing number, the account number, and your NAME. You may also use a BANK direct deposit form signed by a bank official indicating your name, Social Security Number, account number and routing number.**

Direct Deposit to a bank account or to a Pay Card of an employee's paycheck ensures that the participant's money will be electronically transferred and available on the morning of payday. Should you wish to opt out of both programs, please contact the Payroll Office.

PAYDAY EXPRESS AUTHORIZATION

I hereby authorize my employer, RICHMOND COUNTY SCHOOL SYSTEM, to deposit each pay period my net pay into my bank or Pay Card account. RICHMOND COUNTY SCHOOL SYSTEM is authorized to adjust any over/under deposit, which it has caused to be made to my account. **I will not hold my bank nor the RICHMOND COUNTY SCHOOL SYSTEM liable for any erroneous deposits or adjustments made by the RICHMOND COUNTY SCHOOL SYSTEM, and I agree that the bank/credit union may treat each such deposit the same as if it were personally deposited by me. This authority will remain in effect until I have canceled in writing.**

PLEASE CHECK ONE: I am enrolling in the _____ Direct Deposit OR _____ Pay Card Program.
****Please provide copy of picture ID for Pay Card**

PLEASE CHECK ONE (for direct deposit): _____ Checking OR _____ Savings
 * If more than one block is selected, will default to Checking – split deposits may be made in Employee Online

Bank Name _____ Routing Number _____ Account Number _____

ATTACH A VOIDED CHECK FOR CHECKING OR A COMPLETED FORM FROM THE FINANCIAL INSTITUTE TO THE FRONT TOP LEFT CORNER FOR DIRECT DEPOSIT, YOU WILL BE ENROLLED AND RECEIVE DOCUMENTATION RELATED TO THE PAY CARD PROGRAM SHOULD YOU CHOOSE THAT OPTION.

DATE _____

EMPLOYEE'S NAME (Please print) _____

SOCIAL SECURITY NO _____ / _____ / _____ EIN: _____

SIGNATURE OF EMPLOYEE _____

COMPLETE ONLY IF THERE IS AN IMMEDIATE NEED TO CANCEL THE DIRECT DEPOSIT AFTER THE CUTOFF DATE SPECIFIED ABOVE.

EMERGENCY REQUESTS (EX: ACCOUNT CLOSED, COMPROMISED, FINANCIAL HARDSHIP)

DATE: _____ SIGNATURE: _____

PLEASE RETURN TO BUDGET AND FINANCE DEPARTMENT BY APPROPRIATE DATE STATED ABOVE