



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 ACCOUNTING DEPARTMENT by the 1st of the month for semi paid employees and the 10th of the month for monthly paid employees, except for April, November and December which will be the 1st. The direct deposit will take effect on the following payday. 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.

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.

As a participant in the direct deposit or Pay Card programs, instead of receiving an actual paycheck each pay period, a printed earnings statement listing the information usually found on a check stub (gross pay, total deductions, and the net pay deposited into the bank account) will be furnished. 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 Department.

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

PLEASE CHECK ONE: I am paid _____ Once _____ Twice a month.

PLEASE CHECK ONE (for direct deposit): _____ Checking _____ Savings _____ N/A

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 PRINT NAME) _____

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 ACCOUNTING DEPARTMENT BY APPROPRIATE DATE STATED ABOVE