



# Spartanburg School District 7 Direct Deposit Authorization

Tradition. Excellence. Innovation.

Form must be in the Payroll Office no later than the last Wednesday of the month for it to be effective for the following payroll.

Employee Name \_\_\_\_\_ Last 5 digits of social security number \_\_\_\_\_  
(print legal name as listed on social security card)

**\*IMPORTANT REQUIREMENTS FOR PROCESSING\***

Attach to the back of this form a voided check or official document from each financial institution indicating name, account number & routing number. (Deposit slips for checking accounts are not acceptable)

The routing number is located to the left of the colon on your check. The account number is located to the right of the colon on your check.

### Section 1:

**Direct Deposit Primary Account:** (This account will be used for the balance of your net pay after all deductions and other direct deposit elections. Use Section 2 below for secondary accounts)

Start Direct Deposit       Stop Direct Deposit       Change to existing account

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

Bank Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Check one:  Checking     Savings      Deposit Amount:  All OR \$ **Balance after deposits into Accounts 2,3 and/or 4 below.**

### Section 2:

**Direct Deposit – Account #2: (must list all information for accurate processing)**

Start Secondary Deposit       Change Amount       Stop deposit to this account

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

Bank Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Check one:  Checking     Savings      Deposit Amount \$ \_\_\_\_\_

**Direct Deposit – Account #3: (must list all information for accurate processing)**

Start Secondary Deposit       Change Amount       Stop deposit to this account

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

Bank Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Check one:  Checking     Savings      Deposit Amount \$ \_\_\_\_\_

**Direct Deposit – Account #4: (must list all information for accurate processing)**

Start Secondary Deposit       Change Amount       Stop deposit to this account

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

Bank Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Check one:  Checking     Savings      Deposit Amount \$ \_\_\_\_\_

I hereby authorize Spartanburg School District 7 to initiate credit or debit entries to my account with the Financial Institution(s) indicated above. This authority is to remain in effect until Spartanburg School District 7 has received written notification from me of its termination.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_