

# HOMEWOOD CITY SCHOOLS

## Direct Deposit Authorization for Payroll

Type of authorization (select one only)

**NEW:** Complete and Verify Employee Information

**CHANGE:** When changing your financial institution, account number, or type of account, you must complete and verify Payee information

1. Employee Name	2. Social Security Number	3. Contact Phone Number
4. Address	5. City, State, ZIP Code	
6. Work Location	7. Email Address for EFT Notification	

I hereby authorize the Homewood City Board of Education to initiate credit entries and, if necessary, debit entries to adjust for any credit entries made in error to the checking or savings account indicated. I also authorize the depositories named below to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits have been credited to my account before dispersing or withdrawing funds. Homewood City Board of Education assumes no liability for bank errors, bank fees, or overdrafts.

This authority is to remain in full force until the Homewood City Board of Education has received written notification of its cancellation in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of the Board's or the financial institution's cancellation of this agreement.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in non-acceptance of the electronic funds transfer by my financial institution, I understand the Homewood City Board of Education assumes no responsibility for processing replacement payment until the funds are returned to the Board by my financial institution.

**NOTE:** Attach voided check for checking accounts **OR** savings deposit slip for savings account.  
Form cannot be processed without information below.

### PRIMARY ACCOUNT:

Financial Institution:	CHECKING	<input type="radio"/>
Routing Number:	SAVINGS	<input type="radio"/>
Account Number:		

### SECONDARY ACCOUNT (optional):

Financial Institution:	CHECKING	<input type="radio"/>
Routing Number:	SAVINGS	<input type="radio"/>
Account Number:	AMOUNT TO BE DEPOSITED:	

I authorize Homewood City Board of Education to deposit to the account number(s) indicated above.

8. Print or Type Name of Authorized Signatory	9. Position/Title of Authorized Signatory
10. Signature of Authorized Signatory	11. Date