

**Elizabethton City Schools**  
**Authorization for Direct Deposit of Pay**

Name (print): \_\_\_\_\_ SSN: \_\_\_\_\_

**Primary Account – Direct Deposit NET PAY Amount:**

Name of Bank: \_\_\_\_\_  
Account Type: (check one)    Checking     Savings

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Secondary Account – Direct Deposit FIXED DOLLAR Amount:**

Name of Bank: \_\_\_\_\_  
Account Type: (check one)    Checking     Savings

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Fixed Dollar Amount:    \$ \_\_\_\_\_

I hereby authorize Elizabethton City Schools to direct the net amount and/or fixed dollar amount of my salary and wage payments to my bank account(s) as shown above, effective on the next payroll possible. **A preprinted voided check is attached for verification purposes for a checking account.** This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that this request may be canceled or changed by me upon proper execution of another authorization agreement. I also understand that this authorization may be terminated at any time by Elizabethton City Schools, or named bank. I authorize Elizabethton City Schools to initiate withdrawal transactions from my account in the event of an overpayment or erroneous deposit.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**I choose to be paid:**

- \_\_\_\_\_ **10 Month Schedule (Sept 15 – June 15)**
- \_\_\_\_\_ **12 Month Deferred Schedule (Sept 15 – June 15 and July/August paid out last week of June)**

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_