



DIRECT DEPOSIT AUTHORIZATION AGREEMENT (ACH CREDITS)

NAME _____ WISE EMPLOYEE ID # _____
(PLEASE PRINT)

DEPARTMENT / SCHOOL _____ DAYTIME PHONE # _____

I hereby authorize Virginia Beach City Public Schools and the Financial Institution named below to initiate credit entries (deposits) and to initiate, if necessary, debit entries (reversals) for any deposit in error to my checking/savings account indicated below.

FINANCIAL INSTITUTION NAME _____
(e.g. Bank, Credit Union, etc...) (PLEASE PRINT)

CHECKING ACCOUNT OR SAVINGS ACCOUNT (Check only one)

<p>CHECKING ACCOUNT</p> <p>After checking off the checking account box, enter the routing and full account number clearly below. IMPORTANT: Confirm with your Financial Institution that your account number is correct for electronic direct deposit.</p> <p>SAVINGS ACCOUNT</p> <p>After checking off the savings account box, enter the routing and full account number clearly below. IMPORTANT: Confirm with your Financial Institution that your account number is correct for electronic direct deposit.</p>

ROUTING NUMBER _____
(9 DIGITS)

ACCOUNT NUMBER _____

IMPORTANT: Confirm with your Financial Institution that your account number is correct for **electronic** direct deposit.

*****IT IS THE RESPONSIBILITY OF EACH EMPLOYEE TO VERIFY DEPOSIT OF FUNDS INTO SPECIFIED ACCOUNT*****

This authority is to remain in full force and effect until Virginia Beach City Public Schools has received written notification from me of its termination in such time and in such manner as to afford Virginia Beach City Public Schools and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

Photo ID presented by employee: _____ (e.g. VBCPS ID, DMV License)

Viewed by: _____ Signature _____
(PLEASE PRINT)

Department: _____ Date: _____