



King William County Public Schools

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize King William County Public Schools to initiate credit entries to my account(s) listed below, and the depositor(ies) to credit the same to such accounts. I also authorize King William County Public Schools to make draw drafts on my account(s) or to initiate debit entries to my account(s) for the purpose of withdrawing money from my account(s), **but solely in order to adjust an error** resulting from a deposit or credit that has been made under this authorization **in an amount that is not correct**. The depository shall not be held liable for honoring any draft, debit entry, or withdrawal initiated by King William County Public Schools.

Further, I agree not to hold King William County Public Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until King William County Public Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department. I agree to provide written notification to King William County Public Schools **within 5 days of any change** to this information so that my pay may be properly disbursed.

Account Information

1. Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Fixed Amount:\$ _____ Remaining Amount\$ _____

2. Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Fixed Amount:\$ _____ Remaining Amount\$ _____

Name & Signature

Name (printed) _____ School: _____

Signature: _____ Date: _____

Please attach a voided check for each account listed above and return this form to the Payroll Department.