

## School District of Clay County Employee Direct Deposit Authorization

Employee Name: \_\_\_\_\_  New Participant

Social Security #: \_\_\_\_\_  Change

\_\_\_\_\_ My initials indicate that a copy of the "Statement on the Collection, Use or Release of Social Security Numbers" was provided to me.

### Choose your Method of Direct Deposit:


I request my Payroll Direct Deposit be placed in the following account:

Financial Institution Name:	Type of Accounting	Please provide a home or cell telephone number:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	(    )        -

Please attach a voided check for checking account or a deposit slip for saving account. If you don't have a check then please obtain a letter from your bank that list the bank's routing number and your account number.

**OR:**

WEX rapid! Pay Card Issuance Authorization Form

	Financial Institution Name:    The WEX Bank  Direct Deposit Account Number: 353 - _____ <i>To be assigned and entered by MY EMPLOYER (Card ID on front of envelope)</i>  Routing Number:    124085244
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I authorize MY EMPLOYER to deposit directly into the account shown or I hereby authorize the Clay County School Board to assign a WEX rapid! PayCard and initiate credit entries and any correcting entries to my assigned WEX rapid! PayCard account. The direct deposit will be made on each payday, unless I notify the Payroll Department in writing of my intent to cancel. Upon receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize the Clay County School Board to debit my account not to exceed the original amount of the credit.

I understand that Clay County School Board reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

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

OLD Information (attach B04) \_\_\_\_\_ Pay Date: \_\_\_\_\_ By: \_\_\_\_\_

Notice on Non Discrimination Policy : the School of Clay County, Florida prohibits discrimination on the basis of race, religion, color, sex, marital status, age, national origin or disability in the employment of personnel, provision of education programs and all business affairs of the school system of Clay County and provides equal access to the Boy Scouts and other designated patriotic groups."

**PAY 1-3310 E 01/21/2018**