

TO: WICOMICO COUNTY BOARD OF EDUCATION - PAYROLL DEPARTMENT

FROM: _____ Emp.# _____
PRINT NAME

Check One:
___ New Account
___ Change
___ Cancellation

RE: Automatic Payroll Direct Deposit

Please deposit my semi-monthly net payroll amount into the appropriate banking institution(s) according to my instructions stated below. I understand these funds will be deposited as requested until such time as I notify the Board of Education in writing to terminate or change the arrangement. I also understand and agree to notify (in writing) the Board of Education twenty-five (25) days in advance of any change. I understand this authorization agreement may also be terminated by the Board of Education.

I understand if I desire to deposit in more than one banking institution, a separate form must be completed for each institution, and the statement at the bottom of each form must be checked off to indicate this. **Only one checking and/or savings account per banking institution is allowed.**

I understand that, regardless of how many banking institutions I deposit with, 100% of my net payroll must be included in Direct Deposit.

PARTICIPATING BANKING INSTITUTIONS

(Please place a check beside the appropriate banking institution)

- | | |
|---|---|
| <input type="checkbox"/> M & T | <input type="checkbox"/> Hebron Savings Bank |
| <input type="checkbox"/> BB&T | <input type="checkbox"/> Bank of America |
| <input type="checkbox"/> Bank of Delmarva | <input type="checkbox"/> PNC Bank |
| <input type="checkbox"/> Farmers Bank of Willards | <input type="checkbox"/> State Employees Credit Union |
| <input type="checkbox"/> First Shore Federal | |

Other _____

(If other is specified, the banking institution must be a member of the Automated Clearing House - ACH Transit Routing # _____)

Please deposit in my Checking Account: (Attach a VOIDED copy of check)

_____	_____	-OR-	_____
Account Number	Amount		% of Net Pay

Please deposit in my Savings Account:

_____	_____	-OR-	_____
Account Number	Amount		% of Net Pay

In the event the Board of Education notifies the Bank(s) that funds to which I am not entitled to have been deposited inadvertently, I hereby authorize and direct the Bank(s) to return said funds to the Board of Education.

Name (Print)

Signature

Address (Print)

Date

School