Mecklenburg County Public Schools
DIRECT DEPOSIT
PAYROLL AUTHORIZATION FORM

To start or change a direct deposit, a voided blank check printed with your bank routing number and your account number must be attached for verification.
PLEASE STAPLE HERE!

(If you don't have a blank check, please request a Direct Deposit Form from your bank that will include the Routing # and Account # **.)

PAYROLL DEPT MUST BE NOTIFIED BY THE 15TH OF THE MONTH TO BE EFFECTIVE FOR THAT MONTH'S PAY DATE .

Last Name First Name M.I.

Phone No. _____

Employee Social Security Number (last 4 digits only)

xxx	xx	

☐ **START** Effective immediately for processing. **Verify** your first direct deposit with a representative of your bank.

☐ **CHANGE** Effective Payroll Date _____.
Verify this deposit with a representative of your bank on payday to ensure an accurate set-up of this transaction.

☐ **Prepaid Debit Card**
I do not have a bank account.
Please use MY attached loadable debit card information.
Routing & Account # required.

Type of Account – (Check One)

☐ **Checking** ☐ **Savings**

Required: ***Bank Name***** ***Routing Number***** ***Account Number****

Do not use the account numbers on your Bank Debit Card; this is not your bank account number.

☐ **I UNDERSTAND I MUST SUBMIT A NEW DIRECT DEPOSIT AUTHORIZATION FORM IF I CHANGE BANKS AND/OR ACCOUNTS.**
(The bank will not be responsible for notifying MCPS Payroll.)

I authorize Mecklenburg County Public Schools to transfer the full net amount of my salary, after deductions, to the financial institution named above for deposit to my account (one account only).

I understand that if my account closes, I will not receive a salary payment until my bank returns the funds to MCPS. MCPS Payroll is authorized to terminate this agreement without notice if legally obligated to withhold any part of my salary. This authorization remains in effect until I notify the Mecklenburg County Public Schools Payroll Office of a change, in writing.

Employee's Signature _____ Date _____

MECKLENBURG COUNTY VIRGINIA

Return Signed Original Authorization To:
Mecklenburg County Public Schools Payroll Office
P.O. Box 190
Boydton, Virginia 23917
Phone: 434-738-6111, Ext. 1033 Fax: 434-738-6351