

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Directions: complete the employee & bank information and **attach a blank check with the word VOID written across the check.** Please note that we can not accept "starter checks". If you are unsure of the Bank Routing No. or Account Number, Payroll can input this information from your voided check. Please sign and date the Direct Deposit Authorization Agreement before forwarding to the Payroll Department.

Return to: Carroll County Public Schools, Attn: Payroll Dept., 125 N. Court St., Westminster, MD 21157

Check One Option: Start Direct Deposit _____ Change Direct Deposit _____ Stop Direct Deposit _____

Employee Information

Employee Name: _____
Employee ID #: _____
Work Location: _____ Department Phone No. _____

Bank Information

Bank Name: _____ Bank Routing No: _____
Account Type: Checking: ___ Savings: _____ Account No: _____
Bank Address: City: _____ State: _____ Zip: _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

I hereby authorize Carroll County Public Schools (CCPS) to electronically deposit my net salary to the bank account named above. This authorization is to remain in force until CCPS has received written notification from me of its termination in such time and manner as to afford CCPS, and the bank named above, a reasonable opportunity to act upon it. In the event that CCPS notifies the bank that funds which I did not earn have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to CCPS as soon as possible. In the event such unearned funds have been drawn from that account so that return of those funds by the bank to CCPS is not possible, I hereby authorize CCPS to recover those funds by deducting the amount of said unearned funds from any future salary payments from CCPS until the amount of the unearned deposit has been recovered in full. In the event my employment with CCPS is terminated for any reason whatsoever, and if at the time of such termination I have had unearned pay automatically deposited in my checking/savings account, I will immediately repay CCPS the full amount of such unearned pay. I further agree that if I do not immediately repay such unearned pay, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by CCPS in the collection of such unearned pay, together with the maximum interest permitted by law.

Important Information Relating to Direct Deposit Changes

DO NOT close, cancel or change your existing bank account without first completing a new Direct Deposit Authorization Agreement AND consulting with CCPS Payroll Department, 410-751-3053. The Payroll Department will be able to inform you when your new Direct Deposit will begin.

I have read and understand this form: _____
SIGNATURE Date

Payroll Use Only

Bank Code: _____ Input Date: ___/___/___ Direct Deposit Start Date: ___/___/___