AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY PAYROLL

Stafford County Public Schools
Department of Financial Services
31 Stafford Ave
Stafford, Virginia 22554
Phone: (540)658-6000
Fax: (540)658-6600

1. Social Security Number or Employee ID
2. Phone Number

Employer ID Number 54-6001628

3. Name (First, Middle Initial, Last)	**4. Position with SCPS**
5. Address (Street, City, State and Zip) If this is a new address please complete a Name / Address change form.	
6. Type of Request (Choose one) ☐ New Employee ☐ Change of Direct Deposit Information for Current Employee	
7. Name of Financial Institution	
8. Branch Phone Number	**9. Type of Account (Choose one)** ☐ Checking ☐ Savings
10. Routing Number	**11. Account Number**

12. Authorization and Signature (Required for Processing)

I hereby authorize Stafford County Public Schools to deposit my monthly paycheck directly to my account at the financial institution shown below. I agree to provide immediate written notification to Stafford County Public Schools of any changes to this information so that my monthly paycheck may be properly deposited. I also authorize Stafford County Public Schools to make adjustments to my account to correct any credit entries made in error.

_____ _____

Signature Date

13. Provide a voided check with the correct routing information and account number. If you do not have checks for this account, please have your financial institution provide printed verification to ensure the information you provide is accurate.

TAPE VOIDED CHECK WITHIN THE LINES OF THIS BOX