



DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE
Monthly
Semi Monthly
Miscellaneous
Substitute
TRANSACTION
New
Change
Cancel
TYPE OF ACCOUNT
Checking
Savings

NAME: _____ **GCPS LOCATION:** _____

EMPLOYEE ID NUMBER: _____

If Employee ID is unknown, use social security number

NAME OF BANK: _____

I hereby authorize my employer, Gwinnett County Board of Education, to deposit each pay period my net pay into my account at the above named bank. Gwinnett County Board of Education is also authorized to adjust any over/under deposit which it has caused to be made to my account. I will not hold my bank liable for any erroneous deposits or adjustments by Gwinnett County Board of Education, and I agree that the financial institution listed above may treat each such deposit the same as if it were personally deposited by me. This authority will remain in effect until I have canceled it in writing.

SIGNATURE: _____ **DATE:** _____

NOTE:

The routing number on a deposit slip for a savings account is not always the actual routing number for the savings account. Please verify the bank's routing number is correctly displayed on the deposit slip. If the routing number is different, please record the routing number here:

SAVING ACCOUNT ROUTING NUMBER: _____

(If different from routing displayed on deposit slip)

PLEASE PLACE TAPE HERE

FOR CHECKING ATTACH **VOIDED CHECK HERE**

FOR SAVINGS ATTACH DEPOSIT SLIP HERE

SEND TO:
Gwinnett County Public Schools, Payroll Department
437 Old Peachtree Road NW, Suwanee, GA 30024-2978
OR send through the school's courier system.