

Children's Board of Hillsborough County

AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT OF PAYROLL

CHECK ONE: _____ New Authorization
 _____ Change to Current Authorization

NAME: _____

***** FINANCIAL INSTITUTION NAME AND ADDRESS:**

**FLORIDA WEST COAST CREDIT UNION
1225 MILLENNIUM PARKWAY
BRANDON, FL 33511**

PLEASE INDICATE WITH A CHECK MARK WHICH ACCOUNTS ARE TO BE SET UP:

_____ CHECKING ACCOUNT _____ SAVINGS ACCOUNT

OPTIONS AVAILABLE—PLEASE INDICATE YOUR CHOICE BY INITIALLING.

_____ FULL DEPOSIT TO CHECKING

_____ FULL DEPOSIT TO SAVINGS

_____ DESIGNATED AMOUNT TO SAVINGS \$ _____, BALANCE
TO CHECKING

VOIDED CHECK MUST BE ATTACHED.

**IF YOU ARE A MEMBER OF A CREDIT UNION, PLEASE PHONE C.U. TO
VERIFY ACCOUNT NUMBER TO BE USED FOR DIRECT DEPOSIT.**

I hereby certify that I am an owner of the above account(s) and authorize the Payroll Department to deposit the full net amount of my payroll check to the bank(s)/account(s) indicated and to post debit entries to correct any deposits made in error. This authorization shall remain in full force and effect until you have received written notification from me of its termination in such a manner as to afford you a reasonable opportunity to act upon it. I understand my deposit will be available for withdrawal in accordance with the policy of the financial institution I choose.

EMPLOYEE SIGNATURE

DATE