TO: Somerset County Public Schools

FROM: _____

RE: Automatic Payroll Direct Deposit

Check one
_____ Addition
_____ Change
_____ Cancellation

Please deposit my semi-monthly net payroll amount into the appropriate banking institution according to my instructions stated below. I understand these funds will be deposited as requested until such time as I notify the Board of Education in writing to terminate or change the arrangement. I also understand and agree to notify (in writing) the Board of Education of any change during the annual enrollment period using this form. I also understand this authorization agreement may be terminated by Somerset County Public Schools.

I understand if I desire to deposit in more than one banking institution, a separate form must be completed for each institution and the statement at the bottom of each form must be checked off to indicate this.

I understand that, regardless of how many banking institutions I deposit with, 100% of my net payroll amount must be included in Direct Deposit.

PARTICIPATING BANKING INSTITUITIONS (Please place a check beside only one)

_____ Atlantic Bank
_____ BB&T
_____ Bank of America
_____ Bank of Delmarva
_____ Calvin B. Taylor Bank
_____ Chevy Chase
_____ First Shore Federal
_____ Hebron Savings Bank
_____ M&T Bank
_____ Mercantile Peninsula Bank
_____ SunTrust Bank
_____ Other

If Other is specified, the banking institution must be a member of the Automated Clearing House

ACH Transit Routing Number: _____

Please deposit in my Checking Account: (Attach a voided copy of check)

_____ _____ -OR- _____
Account Number Amount % of Pay

Please deposit in my Savings Account:

_____ _____ -OR- _____
Account Number Amount % of Pay

In the event that Somerset County Public Schools notifies the Bank(s) that funds to which I am not entitled to, have been deposited inadvertently, I hereby authorize and direct the Bank(s) to return said funds to SCPS.

_____ _____
Name Signature

_____ _____
Address Date

_____ _____
City, State Zip School

Return to Board Finance Office

_____A separate form is attached for each banking institution

SLW 10/06 H:\Documents\Direct Deposit Form.doc