I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the Nassau County School Board, Office of Business Services (A/P), to electronically deposit payments to the bank I have on file for payroll use and to correct any errors that may occur from the transactions. It is my responsibility to notify NCSB ([accountspayable@nassau.k12.fl.us](mailto:accountspayable@nassau.k12.fl.us) or 904-491-9860) immediately, if I believe there is a discrepancy between the amount deposited to my bank account and the amount owed. I understand that I must notify NCSB Business Services (A/P) in writing, immediately, of any changes in status or banking information. I understand that this authorization will remain in full force and effect until NCSB Business Services (A/P) has received written notification requesting a change or cancellation and has had a reasonable opportunity to act on it.

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Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date