

**THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA
PAYCARD ISSUANCE AUTHORIZATION FORM**

Employee Name: _____ **Effective Date:** _____

Address: _____ **City/State/Zip:** _____

Birth Date: _____ **Social Security Number:** _____

Phone: _____ **Email:** _____

The District is currently in a transition period to phase out issuing payroll paper checks to its employees. As such, employees will have only two options to receive their pay: 1) direct deposit **OR** 2) pay card. The Pay Card Program will begin early next school year.

In the interim, we are now requesting the above information which will automatically enroll you in the Pay Card Program if you do not opt for direct deposit. You will be contacted when the pay cards are issued, including any instructions on how to activate and use the card. Cards can be mailed or picked up in person.

IMPORTANT: Until we cutover to the Pay Card Program, you will receive a paper paycheck.

If you have any questions or concerns, please contact Shana Brannon at 904-491-9865 or ext 1225.

Employee Signature: _____ **Date:** _____