

**North Florida Child Development, Inc.**  
PO Box 38—Wewahitchka, FL 32465

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**Direct Deposit Authorization**

**Employee:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Bank Name and Branch:** \_\_\_\_\_

**Bank Phone Number:** \_\_\_\_\_

**Account Type:** \_\_\_\_\_ **Account No.:** \_\_\_\_\_

**ACH R/T Routing No.:** \_\_\_\_\_  
(Also called AB Number or Transit Number)

**I hereby request the deposit of my entire net payroll check into the above-named bank account each pay period. I authorize North Florida Child Development, Inc. and Bank Trust to withdraw any funds deposited in error into my account.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Human Resource Manager's Signature**

\_\_\_\_\_  
**Date**

**Please attach a voided check for checking account deposit.  
Please attach a copy of deposit slip for savings account deposit.**

**\*Note\***

**If your bank is Tyndall Federal Credit Union, your direct deposit will be placed in your savings account unless you have completed the necessary paperwork with them.**