

**State of Delaware
Direct Deposit Authorization Form**

Employee Information:

Employee Name _____

Social Security Number _____

District _____

Direct Deposit Information:

Financial Institution Name New Castle County School Employees FCU

Financial Institution Address 113 W. 6th Street
New Castle, DE 19720

Account Number _____

Transit Number 231177126

Is this a: Checking Account _____ Savings Account _____

1) If your net pay is deposited to another financial institution, _____ check here.

 \$ _____ Enter the amount you wish deposited to the above account.

2) If you want your entire net pay deposited to this account, _____ check here.

I hereby authorize the State of Delaware to deposit my pay to the financial institution listed above. I understand my pay will be deposited to my designated account so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account, I hereby authorize the State of Delaware to direct the bank to return said funds. I understand the account may also be used for the Direct Deposit of Delaflex refunds from the State of Delaware, if I participate in Delaflex.

Direct Deposit of my paycheck will remain in effect until my employment with the State of Delaware is terminated or until a change of these instructions, authorized by me is received.

Employee Signature: _____ Date: _____

Teller# _____