

CALHOUN COUNTY SCHOOLS

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Social Security Number: _____

Employee Number: _____

Bank Name: _____

Bank Address: _____

Bank Routing Number _____ Bank Account Number: _____

Type of Account: _____ SAVINGS _____ CHECKING
(Please check one only)

Please attach a voided check for this bank account.

Routing # Between the # symbols

Account # Include all zeros

I hereby authorize the Calhoun County Board of Education to direct deposit to the above named bank account my payroll check.

Signature

Date

Payroll Office use only:

Pre-note effective _____ Payroll Date _____

Direct Deposit effective _____ Payroll Date _____