

Rhea County Direct Deposit Enrollment

Employee Name _____

Employee social security #: _____ - _____ - _____

In order to verify your banking information and guarantee the efficient transfer of funds, please attach a voided check or deposit slip (if savings account) below:

Name of Bank _____ Checking _____ Savings _____

\$ _____ flat amount

_____ % percent

Name of Bank _____ Checking _____ Savings _____

\$ _____ flat amount

_____ % percent

Signature

Date