



## REQUEST FOR DIRECT DEPOSIT

**INSTRUCTIONS:**

- Fill out form completely and return to the Payroll Department at pony code #8004.
- Return to the Payroll Department no later than the 15<sup>th</sup> of each month. December and November will be exceptions. If your account has closed and it is after the cutoff, please call the Payroll Department.

Last name:	First Name:	Middle Initial:
Employee ID/ SSN:	Cell Phone:	Work Phone:
School or Location:		
Financial Institution Name:		
Account Number:	Routing Number:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<p><b>*REQUIRED: Please attach one of the following for Checking or Savings account (Check one):</b></p> <input type="checkbox"/> Voided Check with name imprinted <input type="checkbox"/> Bank verification document with <b>Account Number</b> and <b>Routing Number</b>		

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I hereby authorize the Houston County School System to deposit my monthly salary check to the above named financial institution. I understand that Houston County School System has the authority to make adjustments, if necessary, for any entries made in error to my account. I understand that it is my responsibility to notify the Payroll Office of any changes to my direct deposit information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_