

**AUTHORIZATION FOR DIRECT  
DEPOSIT OF PAYROLL**

I \_\_\_\_\_ authorize the DeKalb County  
Employee Name

Board of Education and the financial institution listed below to electronically deposit my net pay to the specified account each payday. I understand it is my responsibility to complete a new form should any account information change including the Bank Institute Routing Number.

Bank Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Type of Account:   Checking \_\_\_\_\_                   Savings \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 of Social Security Number

*A voided check must be attached to this form for direct deposit to be initiated, please staple here.*