

ATTACH VOIDED CHECK HERE

DIRECT DEPOSIT AUTHORIZATION FORM

Change

New

NAME OF BANK _____

LOCATION OF BANK _____

ROUTING NUMBER OR ABA NUMBER _____

NAME ON ACCOUNT _____

ACCOUNT NUMBER _____ CHECKING/SAVINGS

EMPLOYEE NAME(PRINT) _____

SIGNATURE _____ DATE _____

EMAIL ADDRESS FOR CHECK STUB _____

DALE COUNTY BOARD OF EDUCATION
PAYROLL DEPT/KAREN GOODSON
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OZARK, AL 36360
334-774-2355