

Direct Deposit Enrollment Form

CHRISTIAN COUNTY PUBLIC SCHOOLS **DIRECT DEPOSIT ENROLLMENT FORM**

Please type or print

Employee Name _____

Address _____

Social Security Number _____

Bank Name _____

Bank Address _____

Bank Routing # _____

Employee Account # _____

Checking _____ or Savings _____

Signature _____

Date _____

- ❖ **You must provide a voided check with this form.**
- ❖ **All information must be provided to be eligible for Direct Deposit.**
- ❖ **Only one (1) bank can be designated.**
- ❖ **The entire check has to be electronically deposited.**
- ❖ **DIRECT DEPOSIT WILL NOT BEGIN UNTIL THE SECOND PAY DATE.**

MANDATORY