

DIRECT DEPOSIT

NEW \_\_\_\_\_ CHANGE

A **current voided check is required with this form** to be attached for proper account #/bank routing # information.

Employee #/Name: # \_\_\_\_\_ / \_\_\_\_\_

Account name you wish to direct deposit to: \_\_\_\_\_  
(Example: Mr. Or Mrs. Steve Adams)

Your Checking/Savings Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

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

I request that the payroll department of the Itawamba County School District direct deposit my monthly payroll amount to the above account beginning \_\_\_\_\_. I understand that by enrolling in the direct deposit program that my payment amount will be deposited into my account each payday. In addition, I understand in lieu of an actual check, I will receive an advice of direct deposit informing me of the dollar amount deposited into my account, as well as all the YTD information currently appearing on my check stub. If you choose to deposit into a savings account, I will need the correct routing number. You will need to contact your bank for that.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employee Signature Date

**Payroll procedures require that any changes affecting direct deposit must be received by the payroll office no later than the 15<sup>th</sup> of the applicable month.**