

Washington County Board of Education
120 Mackville Hill
Springfield, KY 40069

Direct Deposit Enrollment Form-Payroll & Employee Reimbursement

Primary Account New Enrollment Change to existing account

Employee Name: _____ Social Security Number: _____

Address: _____

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ Employee Account Number: _____

(A voided check MUST be attached to provide correct routing and account numbers)

Amount: \$ _____ _____ % or Entire Paycheck

Checking Savings

Secondary Account New Enrollment Change to existing account

Employee Name: _____ Social Security Number: _____

Address: _____

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ Employee Account Number: _____

(A voided check MUST be attached to provide correct routing and account numbers)

Amount: \$ _____ _____ % or Entire Paycheck

Checking Savings

Signature: _____ Date: _____

For security measures this form should be returned to the Human Resources office in person or returned through interoffice email. Never e-mail confidential personal information such as social numbers and bank account information, etc.

Note: All information must be completed and a voided check must be provided to ensure a successful Direct Deposit. Direct Deposit Advices will be emailed to the email address provided on file.

The Washington County Board of Education does not discriminate on the basis of race, color, national origin, sex, age or disability in employment or provisions of services