



Dr. Ann Jackson
Superintendent

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Members of the Board

Willie Moore III
Mary Beth Barber
Teresa Sherer
Scott Thornley
Walker Wilson

JASPER CITY SCHOOLS

DIRECT DEPOSIT OF PAYROLL CHECK

Employee Number

Employee Name

Social Security Number

Name and address of financial institution:

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Please attach either a voided check from the designated account, or a notice from your financial institution with the routing number and account number.

In signing this form, I authorize my payment to be sent to the financial institution named above, to be deposited to the designated account.

Signature

Date