

**Richmond County Public Schools
DIRECT DEPOSIT AUTHORIZATION FORM**

Rec'd: _____
PR Effective Date: _____

Name: _____

Address: _____

Social Security #: _____

<u>DIRECT DEPOSIT OF NET PAYROLL CHECK</u>	
Routing #: _____	Circle one: Checking Savings
Account #: _____	
Bank Name: _____	
Bank Address: _____	

<u>SPECIFIC AMOUNT TO ADDITIONAL BANK/CREDIT UNION ACCOUNT</u>	
<u>ADDITIONAL AMT</u>	
Routing #: _____	Circle one: Checking Savings
Account #: _____	
Bank Name: _____	
Bank Address: _____	

I authorize Richmond County Public Schools to debit/credit funds into my checking and/or savings account as indicated by this form. This form overrides all previous deposit authorization forms.

Employee's Signature: _____ Date: _____