## BEAUFORT COUNTY SCHOOLS BOARD OF EDUCATION AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY

Instructions: Complete all items and return to your payroll office. Be sure your attached voided check contains both the bank transit-routing number and your account number. *Please type or print legibly in blue or black ink.* 

			1		
Social Security #	First Name	MI	Last Name		
Bank Name:		Ва	Bank Location:		
For Deposit To <u>One</u> Aco	count:				
If you want to deposi	You cannot write	suffice. You may a e in your account in account, attach ad	ttach the letter to this form.		
	avings or Checking		Dollar Amount		
		Remaining bala	nce will go into the Primary account.		
	•		o the account(s) and bank indicated and any transactions credited to it in error.		
Employee S	ignature	_	 Date		