

## **Direct Deposit Authorization**

This document replaces all previous requests.

Full Legal Name		Employee ID		
Cano	el my direct deposit. Leave	all bank related fields blank	, sign, and submit form.	
	count (required): Any pay revant all of your pay deposited to			sted below, go to this account.
Account	Type Bank Name	Routing Number	Account Number	
Chec Savir				
Fixed Amou	unt Accounts (optional): Fixe	ed amounts deposit first wit	h any remaining pay dep	posited to your balance account .
Account	Type Bank Name	Routing Number	Account Number	<u>Amount</u>
Chec Savir	J			
Chec Savir				
Chec Savir	· ·	MEMO		
9 Digit Routing Number Your Account Number Check Number			der er e	
2. A st 3. P y 4. B in ac 5. L	re mailed to the address on fittaching a voided check or battaching a voided check or battaching a voided check of battaching a voided check your rout our pay to a bank account. It y submitting this form, I certaitiate credit entries and, if neccounts.	file with Human Resources. ank letter for each account ccount(s). Fing and account information is your responsibility to profify I have read and understatecessary, debit entries and acces all previous requests a	Manage your bank draft is recommended and wil n. This is the exact information accurate information and this information and adjustments for any creation and	Il decrease the time required to mation that will be used to send
Empl	oyee Signature		Date	
	Submit	this document to Payroll	hv:	

Submit this document to Payroll by:

- o mail: HCS Payroll, PO BOX 260005, Conway SC 29528
- o fax: 843-488-6726
- o email: payroll@horrycountyschools.net
- o HCS interoffice mail envelope