



Authorization for Direct Deposit

NEW

CHANGE

CANCEL

Social Security Number _____

Employee Name (please print) _____

Name of Bank _____

Bank Location _____

Routing Number _____ Account Number _____

FOR DEPOSIT TO (If you select both, please state % or amount)

Checking Account _____

Savings Account _____

Attach a voided check for checking account or a deposit slip for savings account

I hereby authorize Bladen County Schools and the financial institution shown to deposit my pay directly to my account each pay period. If funds to which I am not entitled are deposited to my account, I authorize Bladen County Schools to direct the bank to return said funds.

Signature _____ Date _____