Direct Deposit Authorization Form

A VOIDED CHECK MUST BE ATTACHED

I authorize Henry County Schools to direct deposit my payroll checks into my bank account. This authorization is continuous until notified in writing.

Please PRINT all information on this form.

Employee Information

Name: (as shown on social security card) _____

Location/Position: _____

Phone Number: _____

Email Address: _____

Primary Banking Information

Bank Name: _____

Bank Account (Routing) Number: _____

This is a

_____ Checking _____**Account Number**

_____Savings _____**Account Number**

_____ _____

Employee's Signature Date

Note: Changes to your direct deposit must be received on or before the 10th of each month to change bank information. If you have any questions, please call 334-585-2206 extension 1228 or 1260.