

BANK / DIRECT DEPOSIT / AUTHORIZATION FORM
MONROE COUNTY BOARD OF EDUCATION

Information needed to set up direct deposit for monthly payroll.

Please print all information in blue or black ink. It is very important that all items be completed. If you have any questions, please contact the central office.

Name _____

Social Security Number _____

Type of Depositor Account _____ Checking _____ Savings

Financial Institution Name _____

Depositor Account Number _____
(Account Number of your checking or savings account)

Financial Institution Routing Number _____
(Nine digits listed on the bottom left side of your personal check)

I certify that I am entitled to the payment identified above. In signing this form, I authorize my monthly payroll payment to be sent to the financial institution named above to be deposited to the designated account.

If I choose to cancel my direct deposit, I must give a 15-day written notice to the Monroe County Board of Education.

Signature

Date