

CAMPBELL COUNTY BOARD OF EDUCATION
AUTHORIZATION FORM FOR PAYROLL DIRECT DEPOSIT

I authorize the Campbell County Board of Education to initiate electronic entries to my account at the financial institution named below:

Financial Institution Name: _____

Address: _____

City, State, Zip Code: _____

ACH Routing/Transit Number: _____

Account Number: _____

Check One: Checking Account ___
 Savings Account ___

Complete One: ___ Partial Amount of \$ ___
 ___ Full Amount

This authority is to remain in full force and effect until the Campbell County Board of Education has received written notification from me of it terminating in such time and such manner as to afford Campbell County Board of Education a reasonable opportunity to act.

Employee Name: _____

Social Security Number: _____

Your first pay after submitting this form may be an actual **Check for you to Deposit.**

Signature: _____ Date: _____

NOTE:

- (1) TWO PAY PERIODS ARE REQUIRED FOR DIRECT DEPOSIT TO BE EFFECTIVE. Existing Direct Deposit will be cancelled; no further deposits will be made to that account.**
- (2) SUMMER CHECKS WILL BE DEPOSITED ON JUNE 30TH OR THE LAST WORKING DAY OF JUNE.**
- (3) ACH ROUTING/TRANSIT AND ACCOUNT NUMBERS MUST BE COMPLETED BY ABOVE FINANCIAL INSTITUTION OR ATTACH A VOIDED CHECK TO THIS FORM. (No Deposit Slips)**

Please **cancel** my existing direct deposit with _____
Name of Bank

Signature Date