

HOUSTON COUNTY SCHOOL SYSTEM
PAYROLL DEPARTMENT
REQUEST FOR DIRECT DEPOSIT

INSTRUCTIONS:

1. Fill in **ALL** blanks and return in the pony to the payroll office (location number 8004).
2. The form must be returned to the payroll office no later than the cutoff date for that month or the direct deposit may not take effect until the next month. Normally the cutoff is the 15th of each month with the exception of December and April.
3. **A voided blank check must be attached or this form will be returned.** If the direct deposit request is for a savings account we must have something from the bank verifying the account number.

LAST NAME _____ FIRSTNAME _____

SOCIAL SECURITY # _____

WORK PHONE# _____ HOME PHONE# _____

SCHOOL or LOCATION _____

EXACT NAME OF FINANCIAL INSTITUTION _____

ACCOUNT # _____ CHECKING _____

SAVINGS _____

I hereby authorize the Houston County School System to deposit my monthly salary check to the above named financial institution. I understand that Houston County School System has the authority to make adjustments, if necessary, for any entries made in error to my account. I understand that it is my responsibility to notify the payroll office of any changes to my direct deposit information.

SIGNATURE _____

DATE _____