

Washington County Board of Education

Direct Deposit Authorization Form

The following information is needed to set up direct deposit for your monthly paycheck. Please print all information in blue or black ink. Also, you must attach a voided check from the bank account you wish to use. If you have any questions, please contact the central office.

Name _____

Social Security Number _____

Type of Depositor Account _____ Checking _____ Savings

Financial Institution Name _____

Financial Institution Routing Number _____

Depositor Account Number _____

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.

Signature

Date

ATTACH VOIDED CHECK HERE