HENDERSON COUNTY PUBLIC SCHOOLS

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY (DIRECT DEPOSIT)

Instructions:

Complete all items and return to your school's Payroll Bookkeeper. The deposit information must be confirmed through the banking system before the first automatic deposit is made (i.e., the next paycheck after receipt of this form in the Payroll Department will be a check; the next paycheck after that will be your first Direct Deposit check.)

Social Security Number	First Name	MI	Last Name	
Bank Name		Bank Location		
Type of Bank Account (Check One	e):			
Checking:		Savings:		
Account #:			Account #:	
Please compl	lete the following ONLY if you a	e changing e	existing Direct Deposit information:	
If Changing Banks:		If Changing Names:		
Previous Bank Name:		Former Name:		
Employee Signature				
Please Attach a	Voided Check for the Account to be D	eposited in this	s Space Using Transparent Tape.	