



## EMPLOYEE'S APPLICATION FOR DIRECT DEPOSIT

Please complete this form and return to the payroll department at the central office.

I, (Print Name) \_\_\_\_\_, authorize the Lawrence County Board of Education to electronically deposit my pay into the financial institution(s) listed below each pay period to the specified checking and/or savings account(s). I acknowledge that this process must comply with the provisions of U. S. Law. This authority will remain in effect until I have cancelled it in writing.

SSN# \_\_\_\_\_

### Staple Voided Check Here

Financial Institution Name: \_\_\_\_\_

Account Number for Above: \_\_\_\_\_

Amount to be Deposited: \_\_\_\_\_ Percentage \_\_\_\_\_ Fixed Amount \_\_\_\_\_

Institution Routing/Transit Number: \_\_\_\_\_

Institution City and State: \_\_\_\_\_

### Staple Voided Check Here

Financial Institution Name: \_\_\_\_\_

Account Number for Above: \_\_\_\_\_

Amount to be Deposited: \_\_\_\_\_ Percentage \_\_\_\_\_ Fixed Amount \_\_\_\_\_

Institution Routing/Transit Number: \_\_\_\_\_

Institution City and State: \_\_\_\_\_

### Staple Voided Check Here

Financial Institution Name: \_\_\_\_\_

Account Number for Above: \_\_\_\_\_

Amount to be Deposited: \_\_\_\_\_ Percentage \_\_\_\_\_ Fixed Amount \_\_\_\_\_

Institution Routing/Transit Number: \_\_\_\_\_

Institution City and State: \_\_\_\_\_