



TAYLOR COUNTY SCHOOL DISTRICT

Direct Deposit Form

I hereby authorize my employer to directly deposit my pay in the bank account listed below. This authorization is to remain in force until the employer has received written authorization from me of its termination or change.

Also, I grant my employer the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: (____) _____

Signature: _____ Date: _____

CHECKING ACCOUNT INFORMATION: (check one) **NEW** **CHANGE**
CANCELLATION

Financial Institution: _____

Telephone: (____) _____

Personal Account Number: _____

ATTACH A VOIDED CHECK BELOW: (or attach a direct deposit statement from your bank).

EMPLOYER USE ONLY:

Effective Date _____ **Payroll**

Revised 5/2015