

**Franklin County Public Schools
Direct Deposit Enrollment/Change Form**

BEGINNING WITH THE 2010-11 SCHOOL YEAR DIRECT DEPOSIT WILL BE MANDATORY FOR ALL NEW EMPLOYEES.

First _____ MI _____ Last _____ EMP # _____

School/Department _____

Social Security # _____

Address: _____ (Check if new address ___)

City: _____ State: _____ Zip: _____

I hereby authorize Franklin County Public Schools to electronically deposit my monthly payroll check to my account at the financial institution(s) shown below.

This is a _____ new enrollment _____ change to existing direct deposit information

Main Bank Account

Name of Financial Institution: _____

Checking _____ or Savings _____

Account #: _____

Employees may deposit to more than one bank. Additional banks I wish to have part of my net pay deposited to:

Additional Bank Account Information if depositing to more than one institution or account:

Name of Financial Institution: _____

Checking _____ or Savings _____ Amount of Deposit _____

Account #: _____

Name of Financial Institution: _____

Checking _____ or Savings _____ Amount of Deposit _____

Account #: _____

A VOIDED CHECK OR FORM ISSUED BY BANKING INSTITUTION MUST BE ATTACHED CLEARLY STATING BANK ROUTING # AND ACCOUNT # FOR EACH BANK ACCOUNT IN WHICH A DEPOSIT IS BEING MADE, DEPOSIT SLIPS WILL NOT BE ACCEPTED.

I understand that it is my responsibility to notify the payroll office if any of the above information changes. I also understand that changes to the above information must be received by the payroll office no later than the 15th of the month in which the change is to take place.

Signature

Date