

# DIRECT DEPOSIT ENROLLMENT FORM

Please check the appropriate box:

New     Change     Add     Delete

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

## Account Information:

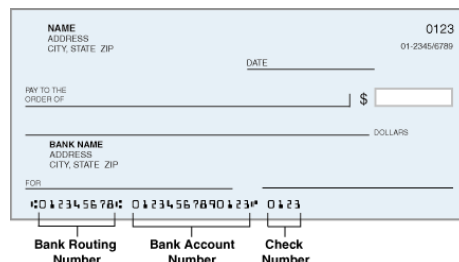
Checking     Savings

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount:     Entire Paycheck    or    \*  \$ \_\_\_\_\_    \*  \_\_\_\_\_ %



**\*if you check this box, you must complete the next section**

Checking     Savings

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount:     Residual    or     \_\_\_\_\_ %

I hereby authorize the Lee County School District to directly deposit my pay in the aforementioned bank account. I have attached a voided check or approved bank documentation for the account specified below. This authorization is to remain in force until the Lee County School District has received written authorization from me of its termination or change. Also, I grant the Lee County School District the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such payment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completely filled out before any changes will be made to your direct deposit account. Please allow at least two weeks for changes to take effect. This form should be completed by all employees, including substitutes and summer workers. You must attached a voided check or an authorized form for automatic payroll deposits from your banking institution. You may fax your completed form along with required documents to 662-680-6012 or email to [ramona.farris@leecountyschools.us](mailto:ramona.farris@leecountyschools.us)