

# DIRECT DEPOSIT APPLICATION

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

**ATTACH "VOID" CHECK HERE**

Please check one:    ( ) New Enrollment  
                              ( ) Change in bank/bank account number

Please e-mail my direct deposit statement to my school e-mail address rather than sending a direct deposit statement to my work location.  
School e-mail address: \_\_\_\_\_

## CREDIT/DEBIT APPLICATION FORM

I hereby authorize the Scott County Board of Education to initiate entries (net payroll) to my account at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE