

## DIRECT DEPOSIT APPLICATION

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

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

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

Type of Account:    checking ( )        savings ( )

**ATTACH "VOIDED" CHECK HERE**

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

### 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