

Georgetown County Schools



Payroll Department

843-436-7104 / 843-436-7085

843-436-7095 – Fax

DIRECT DEPOSIT AUTHORIZATION

Please print your full name as it appears on your Social Security Card

Full Legal Name: _____

Home Address: _____

Work Location: _____

****COMPLETE THIS SECTION TO CLOSE ACCOUNT(S)****

CANCEL - ACCOUNT 1

Financial Institution: _____ Routing Number: _____

Account Number: _____ Amount Deposited: _____

CANCEL – ACCOUNT 2

Financial Institution: _____ Routing Number: _____

Account Number: _____ Amount Deposited: _____

CANCEL – ACCOUNT 3

Financial Institution: _____ Routing Number: _____

Account Number: _____ Amount Deposited: _____

*Attach voided check or documentation from your Financial Institution with routing and account number(s).
Deposit slips are not accepted.*

ACCOUNT 1 PRIMARY ACCOUNT: **NEW** **CHANGE** **NO CHANGES**

Type of Account: **CHECKING** **SAVINGS**

Financial Institution: _____ Routing Number: _____

I authorize 100% of my net check to be direct deposited into account number _____

Balance of NET pay after deposits into Account(s) 2 and/or 3 into account number _____

ACCOUNT 2 FIXED AMOUNT: **NEW** **CHANGE** **NO CHANGES**

Type of Account: **CHECKING** **SAVINGS**

Financial Institution: _____ Routing Number: _____

I authorize the fixed amount of \$ _____ to be deposited into account number _____

ACCOUNT 3 FIXED AMOUNT: **NEW** **CHANGE** **NO CHANGES**

Type of Account: **CHECKING** **SAVINGS**

Financial Institution: _____ Routing Number: _____

I authorize the fixed amount of \$ _____ to be deposited into account number _____

Your Authorization

This authorization will remain in effect until Georgetown County Schools receives written notification from me of a change or termination of the above. I, the undersigned, hereby authorize Georgetown County Schools to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to the above accounts, or in the event of overpayment to my account.

Employee Signature (**REQUIRED**)

Home Phone

Date