



AUTOMATIC PAYROLL CHECK DEPOSIT AUTHORIZATION

Payroll Office
(706) 672-4297 Phone (706) 672-1618 Fax

I, _____, authorize the direct deposit of my payroll check to the following bank institution(s).

Voided check or bank letter is *required* for each separate account.

Changes must be submitted to payroll by the 10th of the month you want to make the change effective.

Account #1 - Main payroll direct deposit

New Change Stop Account Type: Checking Savings

Institution Name _____ \$ _____ or _____ Remain Balance

Bank Routing/Transit Number: _____

Account Number: _____ Institution phone # _____

Account #2 – Additional savings direct deposit

New Change Stop Account Type: Savings

Institution Name _____ \$ _____ or _____ Remain Balance

Bank Routing/Transit Number: _____

Account Number: _____ Institution phone # _____

Account #3 – Additional savings direct deposit

New Change Stop Account Type: Savings

Institution Name _____ \$ _____ or _____ Remain Balance

Bank Routing/Transit Number: _____

Account Number: _____ Institution phone # _____

I authorize the Meriwether County School System to start crediting my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicted above.

I understand that if my account(s) at the financial institutions(s) listed above have been changed or closed, I must inform the Meriwether County School Systems Payroll Office in writing. **MCBOE is unable to refund rejected monies until they are credited to the MCBOE payroll account.**

Signature

Date

School/Facility Phone