

PAYROLL OFFICE USE ONLY	
TEST MONTH	_____
DEPOSIT BEGIN	_____
DATE MEMO SENT	_____

DIRECT DEPOSIT FORM

**CRAVEN COUNTY SCHOOLS
PAYROLL SECTION**

Unit Number 250

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY

INSTRUCTIONS: The deposit information will be confirmed through the banking system before the first automatic deposit is made.

Social Security Number	First Name	MI.	Last Name

Bank Name	Bank Location (City and State)

Check Deposit method: **Check one:**

CHECKING ACCOUNT

A voided check is required to set up your account correctly. If you do not have a check, please attach a printout of account and routing numbers from your bank.
Handwritten numbers are not accepted.

SAVINGS ACCOUNT

A deposit slip is required to set up your account correctly. If you do not have a deposit slip, please attach a printout of account and routing numbers from your bank.
Handwritten numbers are not accepted.

I hereby authorize the CRAVEN COUNTY SCHOOLS to initiate credit entries or debit corrections to my account indicated below, and the financial institution to credit and/or debit the same to such account.

SIGNATURE: _____

DATE: _____