

NEW ALBANY-FLOYD COUNTY CONSOLIDATED SCHOOL CORPORATION

DIRECT DEPOSIT SIGN-UP FORM

You must submit a **VOIDED CHECK** from your checking account or a **VOIDED DEPOSIT SLIP** for your savings account. This slip must contain the bank's transit/routing number and your account number.

Upon receipt of this form and the voided deposit slip or check, we will initiate the Direct Deposit procedures necessary to begin the process of having your payroll check sent directly to your banking account.

Multiple accounts (up to 9) are allowed. You must submit a voided deposit ticket with each, along with the amounts designated to each whether the account is a savings or a checking account.

DEPOSITORY NAME _____
(Banking Institution)

CITY, STATE, ZIP _____
(Of Banking Institution)

TRANSIT/ABA NUMBER _____
(1ST SET OF NUMBERS AT THE BOTTOM OF YOUR CHECKS)

ACCOUNT NUMBER _____
(2ND SET OF NUMBERS AT THE BOTTOM OF YOUR CHECKS OR SAVINGS ACCOUNT #)

CHECKING OR SAVINGS _____

TODAY'S DATE _____

EMPLOYEE NAME _____
(PLEASE PRINT)

Signature _____

Date _____