

CLARKE COUNTY SCHOOL DISTRICT

Automatic Payroll/DOH Reimbursement Deposit

Authorization Form

To authorize Payroll and/or DOH (Dental, Optical or Hearing Benefits) reimbursement direct deposit, please complete the following information and attach a voided check. Please return the completed form to the payroll office.

DIRECT DEPOSIT OF PAYROLL DOH REIMBURSEMENT IS MANDATORY

Employee Name _____

Social Security Number _____

Employee's Financial Institution _____

City and State _____

New or Change Existing Account _____

Primary Account _____ Secondary Account _____

If Secondary, deduct _____ amount each period

Bank Routing Number _____

Account Number _____ Checking _____ Savings _____

E-mail Address _____

I authorize the Clarke County School District and the financial institution named above to credit my account for direct deposit of payroll and/or DOH reimbursement and, if necessary, to initiate debit or adjustment entries for credits made in error. This authorization will remain in effect until I have cancelled it in writing.

Employee Signature

Date

NOTE: If routing number is not provided, this form will not be accepted or processed. If you do not have this information readily available, you may contact your bank or financial institution to request their routing number. It may also be available at the bottom of your check.

