

Randolph County Board of Education

Request for Direct Deposit of Payroll Checks

NAME: _____

SSN: _____ EMPLOYEE ID: _____
(FOR BANK) (FOR COUNTY OFFICE)

BANK: _____

ADDRESS: _____

PHONE: _____ CONTACT PERSON: _____

By signing below, I hereby authorize the Randolph County Board of Education to begin Direct Deposit of my payroll check to the bank listed above. I also acknowledge that this election cannot be changed during the fiscal year. I understand that if I have elected to receive my payroll checks over a twelve (12) month period (24 paychecks) that my carryover checks will be deposited on the regularly scheduled pay date (eg: July 10, July 25, August 10, and August 25).

Employee's Signature Date

A VOIDED check for the account to be used MUST BE stapled below so that the proper account number can be credited.

Please staple a VOIDED
check here.