



COVINGTON COUNTY SCHOOL DISTRICT AUTHORIZATION FOR DIRECT DEPOSIT

(Please print or type all information)

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MI	PHONE #
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ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollment, financial institution or account changes).

PRIMARY ACCOUNT: (This is the account where your paycheck is deposited after % or \$ amount is deducted.)

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Bank/AccountChange <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please attach a voided check blank for this account

SECOND ACCOUNT (optional) % or \$ of net pay: % **OR** \$

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please attach a voided check blank for this account

THIRD ACCOUNT (optional) % or \$ of net pay: % **OR** \$

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please attach a voided check blank for this account

FOURTH ACCOUNT (optional) % or \$ of net pay: % **OR** \$

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please attach a voided check blank for this account

I authorize the Covington County School District (CCSD) to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until Covington County School District receives written notice from me to cancel or change this authorization. I understand that submission of this request will supersede any other direct deposit requests I have submitted to Covington County School District.

EMPLOYEE SIGNATURE

DATE

Important Notice: Due to the time required for payroll and bank processing, allow one or two pay periods for implementation.