

DIRECT DEPOSIT AUTHORIZATION FORM

(PLEASE PRINT OR TYPE)

EMPLOYEE NAME: _____

EMPLOYEE SS#: _____

UNTIL FURTHER NOTICE, I HEREBY AUTHORIZE
GREENVILLE PUBLIC SCHOOL DISTRICT TO
TRANSMIT THE AMOUNT OF MY NET PAY TO THE
FOLLOWING FINANCIAL INSTITUTION:

<u>Name of Bank</u>	<u>Checking #</u>	<u>Savings #</u>	<u>% or Amount</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIMITED TO 3 ACCOUNTS OR BANKS

ADEQUATE NOTICE IS REQUIRED FOR CHANGES. MONTH OF JULY CHANGES SHOULD BE DISCUSSED WITH PAYROLL OFFICE BEFORE EMPLOYEE MAKES CHANGES AT THEIR BANK.

Employee Signature

Date

PLEASE ATTACH A VOIDED CHECK IN THIS SPACE