

PAYROLL DIRECT DEPOSIT AUTHORIZATION
CHANGE FORM

NAME: _____

EMPLOYEE #: _____

POSITION AND SCHOOL LOC: _____

*** NOTE: CHANGES MUST BE SUBMITTED TO THE PAYROLL OFFICE NO LATER THAN TWO WEEKSPRIOR TO THE PAY DATE. IF YOU HAVE QUESTIONS REGARDING YOUR DIRECT DEPOSIT INFORMATION, PLEASE CALL THE PAYROLL OFFICE AT (770)651-2272 OR (770)651-2266.**

CHANGE: I HEREBY CHANGE MY PRESENT DESIGNATED DIRECT DEPOSIT AS FOLLOWS: (PLEASE INCLUDE ONLY NEW BANK ACCOUNT INFORMATION AND ATTACH A VOIDED CHECK FOR EACH ACCOUNT. A VOIDED CHECK OR LETTER FROM THE BANK MUST BE ATTACHED OR THE DIRECT DEPOSIT WILL NOT BE SET UP).

EFFECTIVE DATE: _____

ACCT. #1: BANK NAME _____
NINE DIGIT ROUTING #: _____
ACCOUNT #: _____
TYPE: CHECKING _____ SAVINGS _____

ACCT. #2: BANK NAME _____
NINE DIGIT ROUTING #: _____
ACCOUNT #: _____
TYPE: CHECKING _____ SAVINGS _____
AMOUNT: \$ _____

I AUTHORIZE THE DOUGLAS COUNTY SCHOOL SYSTEM AND THE DESIGNATED FINANCIAL INSTITUTION TO MAKE THE CHANGES TO MY PAYROLL DIRECT DEPOSIT AS INDICATED ABOVE.

EMPLOYEE SIGNATURE

DATE
