

**Marion County Board of Education
DIRECT DEPOSIT APPLICATION FORM**

TO: Payroll Department

FROM: _____
(Please Print Full Name As Shown On Paycheck) (Social Security #)

RE: Automatic Payroll Check Deposit

Please deposit my paycheck in the account(s) shown below at the bank(s) indicated. I understand that this direct deposit will continue until such time as I notify the Board of Education in writing to terminate or change this arrangement. I also understand and agree to notify, **(by using this form)**, the Board of Education of Marion County **ten (10) days** in advance of any change or cancellation. I understand this authorization agreement may also be terminated by the Board of Education.

- New Application Change in Application Discontinue Application

PRIMARY BANK

(Only complete the Primary Bank if using only one (1) bank. For a second checking, savings, or money market account at a different bank complete the Secondary Bank section on Page 2 of this form.)

Please deposit in my **Savings Account**:

Name of Bank: _____ Amount: _____ OR Net Pay: _____

State: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Money Market**:

Name of Bank: _____ Amount: _____ OR Net Pay: _____

State: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Checking Account**:

Name of Bank: _____ Amount: _____ OR Net Pay: _____

State: _____ Routing #: _____ Acct. #: _____

(Signature)

(Pay Location/School)

(Date)

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SECONDARY BANK

Please deposit in my **Savings Account:**

Name of Bank: _____ Amount: _____ OR Net Pay: _____

State: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Money Market:**

Name of Bank: _____ Amount: _____ OR Net Pay: _____

State: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Checking Account:**

Name of Bank: _____ Amount: _____ OR Net Pay: _____

State: _____ Routing #: _____ Acct. #: _____

(Signature)

(Pay Location/School)

(Date)