

DADE COUNTY BOARD OF EDUCATION

DIRECT DEPOSIT

SIGN-UP/CHANGE FORM

EMPLOYEE NAME (PRINT)

SOCIAL SECURITY NUMBER

BANK ACCOUNT INFORMATION:

BANK NAME

STREET ADDRESS

CITY/STATE

ZIP CODE

CHECKING ACCOUNT NUMBER _____

ROUTING NUMBER _____

OR

SAVINGS ACCOUNT NUMBER _____

I hereby authorize my employer to deposit payroll to my account as listed above. Attached is a voided check for the checking account or a deposit slip for the savings account designated above.

_____ Begin my direct deposit.

Employee Signature

Date

ATTACHED VOIDED CHECK