

DIRECT DEPOSIT ENROLLMENT FORM

This is an authorization agreement for automatic deposits of my payroll checks with:

Lee County Board of Education

I authorize the above named employer and the financial institution listed below to electronically deposit my net pay to the specified account each payday:

☐ Checking Account

☐ Savings Account

Bank Name:

Routing Number:	Account Number:

If monies to which I am not entitled are deposited into my account, I authorize my employer to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with the Lee County Board of Education.

Print Name:	Employee Number/Social Security:
Signature:	Date:

**STAPLE IN THIS BOX A VOIDED CHECK FOR THE ACCOUNT
INDICATED ABOVE**

