GRANT COUNTY BOARD OF EDUCATION Direct Deposit Authorization Note

- Please complete this form and return it to the payroll department.
- Be sure to include a voided (Cancelled) check from your checking account and/or a deposit slip for your savings account, whichever is applicable. The details from the check / deposit slip will be used to verify the account details.
- You also have the option to deposit a part of your net pay into a secondary account, such as savings or credit union account. Please specify the dollar amount from your net pay that should be deposited in your secondary account.

	Name:		Social Security Number:		
PRIMARY ACCOU			SECONDARY ACCOUNT INFORMATION		
Your Bank / Finar	icial Institution:			Your Bank / Financial	Institution:
City/State				City/State	
Routing Number		1	Dovit	ing Normbon	
Routing Number			Rout	Routing Number	
Primary Account Number			Seco	Secondary Account Number	
Planca cha	ck the applicable entions				
Please check the applicable option: Checking \square Savings \square Pay Card \square			Dolla	Dollar Amount \$	
Checking in Savings in Fay Card in				Please check the applicable option:	
				Checking □ Savings □	
Attach Voided Check(s) / Deposit slip here. I authorize Grant County Board of Education and the above Financial Institution to deposit my net pay and/or flat					
	cally into my account(s) each pay				
-	(Signature)			(Date)	