

Doddridge County Board of Education

PAYROLL DIRECT DEPOSIT AUTHORIZATION

PLEASE READ AND SIGN BEFORE COMPLETING AND SUBMITTING.

I hereby authorize Doddridge County Board of Education to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institutions (hereinafter "Bank") as indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Doddridge County Board of Education to my account(s) without responsibility for the correctness of the amount.

I understand that it may take up to two pay periods to process this request. This authorization is to remain in full force and effect until Doddridge County Board of Education receives written notice from me of its termination in such time and in such manner as to afford Doddridge County Board of Education reasonable opportunity to act on it. If there is a break in my employment I must contact the Payroll Department in writing to reactivate my direct deposit account(s).

Employee Name: _____
(Please Print)

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

Action: _____
(Add/Change/Delete)

Name of Financial Institution: _____

_____ City

_____ State

Checking

(Attach a voided check)

Savings

Please check the appropriate box:

Complete the form and return to:

Doddridge County Board of Education
Payroll Coordinator
103 Sistersville Pike
West Union, WV 26456

NOTE – Attach all supporting documentation.

FOR PAYROLL DEPARTMENT USE ONLY

Date Received: _____

Received By: _____

Comments: