

**Bath County Board of Education
Direct Deposit Enrollment Form**

I hereby authorize the Bath County Board of Education (BCBE) to initiate entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until BCBE is notified by me in writing to cancel it in such time as to afford BCBE and the financial institution a reasonable opportunity to act on it.

Please type or print

Employee Name _____

Address _____

Soc. Sec. No. _____

Bank Information

Bank Name _____

Bank Address _____

Bank Phone No. _____

CHECK ONLY ONE:

Checking

Savings

ATTACH A VOIDED CHECK TO PROVIDE ROUTING AND ACCOUNT NUMBERS

Signature: _____ Date: _____

ALL INFORMATION MUST BE PROVIDED TO BE ELIGIBLE FOR DIRECT DEPOSIT.

PAYROLL USE ONLY:

Routing Number: _____ Account Number: _____

Payroll Effective Date: _____

Where Every Adult Leads & Every Child Succeeds