DIRECT DEPOSIT ENROLLMENT FORM

TODAY'S DATE	New Em	ployee	Banks Same B	Bank, New Account Number
EMPLOYEE NAME		SSN#		EMP #
ATTACH VOIDED CHECK	K HERE			
BANK NAME				
BANK ADDRESS				
Bank Routing #	and corner of your check)	Employee Checkin	g/Savings Acct # _	
(Please check (✓) one):	Checking	or Savings_		
I,Education, to initiate credit error to my account.	entries and to initiate, if	oyee's Signature) h f necessary, debit entr	ereby authorize ies and adjustme	Boyd County Board of nts for any credit entries in
(ONL)	TO BE COMPLETE Y IF YOU DO NOT HAV	D BY FINANCIAL IN VE A VOID CHECK F		<u>UNT)</u>
Name, Address and Phone of Financial Institution (Handwritten or Stamped)				
		Acct #		
		Routing #		
		Type of Account:		
		Checkin	g Savings	3
		Name on Account:		
I confirm the identity of the abo		ERTIFICATION ccount number listed abo	ove.	
Bank Representative's Name (P	rinted or Typed):			
Bank Representative's Signatur	e:		Date:	
Some points to keep in mind of the first payday after you enrol advice" for 00/100 and your pachecking or savings account whose available through the ATM.	I will be a test/trial run; you information (net amount	ou will still receive a pay t and deductions will ap	pear on the stub ar	nd your money will be in your
If, due to circumstances beyond pay period. You will be notified		omplete the direct depo	sit transactions, yo	u will receive a check for that
This authorization will remain the employee named above of it to act on it.				
			Pre-Note	Live