

FAYETTE COUNTY PUBLIC SCHOOLS

PAYROLL

Direct Deposit Authorization Form

Complete the form below, attach a blank check marked "Void" and return to the Payroll Department.

Employee ID Number

Employee's Last Name First Name Initial

School/Location Position

Name of Bank

Tape Voided Check Here

Street Address (Complete only if bank is outside of the metro Atlanta area)

City State

Telephone Number (Complete only if bank is outside of the metro Atlanta area)

Checking Account Number

**I would like to receive my annual W-2 statement via (choose one):

Employee Self Service **Secure Email (Personal Email)** **Printed Statement**

I authorize the Fayette County School System and the bank listed above to deposit my net pay automatically to my bank account each payday. This authorization will remain in effect until I provide written cancellation of the authorization.

Employee's Signature

Date