

Direct Deposit Authorization Form



Sunflower County School District

Date

Employee Name

Employee Soc. Sec. Number:

UNTIL FURTHER NOTICE I HEREBY AUTHORIZE SUNFLOWER COUNTY SCHOOL DISTRICT TO TRANSMIT THE AMOUNT OF MY NET PAY TO THE FOLLOWING:

Financial Institution:

Routing Number:

On my: (Select One)

Employee Signature:

Please ATTACHED (**DO NOT FAX**) a VOIDED CHECK or SAVING ACCOUNT DEPOSIT SLIP to:

[Payroll Department](#)

IN ORDER FOR THE DIRECT DEPOSIT REQUEST TO BE FINALIZED.

