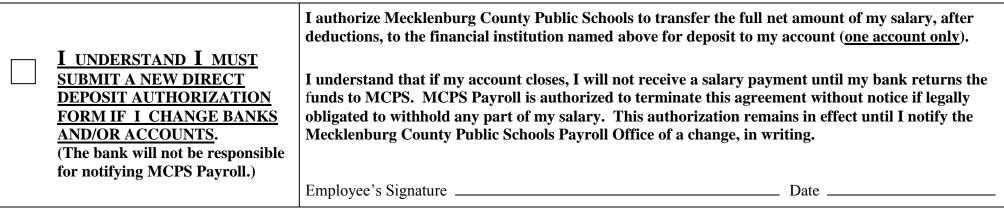
Mecklenburg County Public Schools DIRECT DEPOSIT PAYROLL AUTHORIZATION FORM

PATROLL AUTHORIZATION FORM		I v	account number <u>must</u> be attached for verification.	
Last Name First N	Name M.I.	PLEASE STAPL		
Phone No. Employee Social Security Number xxx xx	ber (last 4 digits only)	(If you don't have a blank check, please request a Diwill include the Routing # and <u>PAYROLL DEPT MUST BE NOTIFIED BY</u> <u>BE EFFECTIVE FOR THAT MO</u>	d Account # **.) <u>THE 15TH OF THE MONTH TO</u>	
		Effective Payroll Date sit with a representative of your bank on payday to ensure an of this transaction.	Prepaid Debit Card I do not have a bank account. Please use <u>MY</u> attached loadable debit card information. Routing & Account # required.	
Type of Account – (Check One)	Required: Bank Nat	me** <u>Routing Number**</u>	Account Number**	
Checking Savings	Do not use the account numbers on your Bank Debit Card; this is not your bank account number.			

To start or change a direct deposit, a voided blank check

nminted with your head routing number and your





<u>Return Signed Original Authorization To</u>: Mecklenburg County Public Schools Payroll Office P.O. Box 190 Boydton, Virginia 23917 Phone: 434-738-6111, Ext. 1033 Fax: 434-738-6351