

**WORCESTER COUNTY BOARD OF EDUCATION
DIRECT DEPOSIT APPLICATION FORM**

DIRECTIONS

1. **New Application**-do not currently have direct deposit
2. **Change in Application**-making any type of change to your current account(s), (notify 10 business days in advance of any change).
Examples:
changing amount to be deposited,
changing percentage to be deposited,
changing account number at the same bank.
changing to another bank
3. **Discontinue Application**-Use this box when an employee is discontinuing their current application (notify 10 business days in advance of any cancellation).
4. **Name of Bank**-write the name of the bank as it appears on your account
5. **Amount**-use to put a certain amount in an account. Ex: \$200.00
6. **% of Net Pay**-use to put a percentage of your pay into your account. Ex: 100%. It is important if you have more than one account and you have a dollar amount going into one of those accounts, you should have 100% going into your other account. This means 100% of your remaining pay will go into that account.
7. **State**-due to many employees using out of state banking it is important to note if the account is a local or out of state bank to prevent money being returned to the BOE.
8. **Routing #**-this number tells our computer system which bank your money should be sent to, it is the 9 digit group of numbers at the left hand, bottom corner of your check.
9. **Account #**-this is the account number the employee wants their money to be deposited into.
10. **Use reverse side of the form for a second checking, savings, or money market account at a different bank.**
11. For help completing this form call David Kuhn, ext. 5066 or Laurie Bishop, ext. 5067.

Susan C. Smith 111 Laughter Lane Happy, MD 21111	<small>66-222/521</small>	3888
	Date _____	
Pay to the order of _____	\$ <input style="width: 100px;" type="text"/>	
_____ Dollars		
Bank of Sunshine Happy, MD 21111		
Memo _____		
:200011112:3888 032000509		

↑
Routing #

↑
Check #

↑
Account #

**WORCESTER COUNTY BOARD OF EDUCATION
DIRECT DEPOSIT APPLICATION FORM**

TO: Payroll Department

FROM: _____
(Please Print Full Name As Shown On Paycheck) (Employee #)

RE: Automatic Payroll Check Deposit Program

Please deposit my paycheck in the account(s) shown below at the bank(s) indicated. I understand that this direct deposit will continue until such time as I notify the Board of Education in writing to terminate or change this arrangement. I also understand and agree to notify, **(by using this form)**, the Board of Education of Worcester County **ten (10) days** in advance of any change or cancellation. I understand this authorization agreement may also be terminated by the Board of Education.

New Application Change in Application Discontinue Application

PRIMARY BANK

(Only complete the Primary Bank if using only one (1) bank. For a second checking, savings, or money market account at a different bank complete the Secondary Bank section on the reverse side of this form.)

Please deposit in my **Checking Account**:

Name of Bank: _____ Amount: _____ OR % of Net Pay: _____
STATE: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Savings Account**:

Name of Bank: _____ Amount: _____ OR % of Net Pay: _____
STATE: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Money Market**:

Name of Bank: _____ Amount: _____ OR % of Net Pay: _____
STATE: _____ Routing #: _____ Acct. #: _____

In the event the Board of Education notifies the bank(s) that funds to which I am not entitled to have been deposited inadvertently, I hereby authorize and direct the bank(s) to return said funds to the Board of Education.

(Signature) (Pay Station/School) (Date)

PAYROLL USE ONLY
Employee #: _____ School #: _____ Bank Code #: _____

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SECONDARY BANK

Please deposit in my **Checking Account**:

Name of Bank: _____ Amount: _____ OR % of Net Pay: _____

STATE: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Savings Account**:

Name of Bank: _____ Amount: _____ OR % of Net Pay: _____

STATE: _____ Routing #: _____ Acct. #: _____

Please deposit in my **Money Market**:

Name of Bank: _____ Amount: _____ OR % of Net Pay: _____

STATE: _____ Routing #: _____ Acct. #: _____

In the event the Board of Education notifies the bank(s) that funds to which I am not entitled to have been deposited inadvertently, I hereby authorize and direct the bank(s) to return said funds to the Board of Education.

(Signature)

(Pay Station/School)

(Date)

PAYROLL USE ONLY

Employee #: _____ School #: _____ Bank Code #: _____