



**MARSHALL COUNTY BOARD OF EDUCATION**  
**DIRECT DEPOSIT ENROLLMENT FORM**

I hereby authorize Marshall County Board of Education hereafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any credit entries in an error to my account as indicated below and the bank, credit union, savings and loan, etc. hereinafter called **DEPOSITORY**, and to credit the same to such account(s).

**Please type or print**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

**Primary Account**

Bank Routing # \_\_\_\_\_

Employee Account # \_\_\_\_\_

Checking \_\_\_\_\_ or Savings \_\_\_\_\_

**Secondary Account**

Bank Routing # \_\_\_\_\_

Employee Account # \_\_\_\_\_

Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Amount of Percentage for secondary account amount \$ \_\_\_\_\_

You must also attach a VOIDED CHECK to provide routing and account numbers. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**All information must be provided to be eligible for Direct Deposit.**

**If an overpayment is made to your account the Board has the authority to correct.**

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***For Substitutes: Please list your email address so that we may contact you for notices & announcements.***

Email address: \_\_\_\_\_

