

Ware County Board of Education  
Direct Deposit Request Form

Employee Name	Social Security #	School/Location
Employee Street Address	City, State	Zip Code

Name of Bank \_\_\_\_\_ City \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Acct. Number \_\_\_\_\_  
(9 digit # on left of deposit slip)

(Check one) \_\_\_\_\_ Checking or \_\_\_\_\_ Savings

**PLEASE ATTACH A VOID CHECK WITH THE MAGNETIC ENCODING AND ACCOUNT INFORMATION PREPRINTED.**



**Your check will automatically be deposited into your bank account via electronic transmission. Your funds will be available to you by 9:00 AM on pay day. You will receive a non-negotiable check stub which will list all of your salary and deduction information just as a check would.**

**This form should be received by the payroll department 1301 Bailey Street by the 15th of the month that you wish to begin direct deposit. If at any time you wish to stop direct deposit you may do so by notifying the payroll department by the 15th of that month.**