

DIRECT DEPOSIT FORM

FORSYTH COUNTY SCHOOLS
FINANCE DEPARTMENT
1120 DAHLONEGA HIGHWAY
CUMMING, GEORGIA 30040

NAME: _____ SS#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

SECTION 1

Provide the following information to activate direct deposit of your paycheck. (**Note:** your check must be deposited into one account and may not be split between multiple accounts.)

Name:	SS#:
Select one: <input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Account Number:	
I hereby authorize credit entries and adjustments to be made to my account.	
Signature:	Date:

SECTION 2

Attach (staple) a voided check to this form. Do not attach a deposit slip.