



Brent Roark, Superintendent

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**HARLAN COUNTY SCHOOLS
AUTHORIZATION TO SET-UP DIRECT DEPOSIT**

First Time Direct Deposit _____ Change to Current Direct Deposit _____

Name of Employee _____

Employee ID Number or Social Security Number _____

Bank Name _____

Bank Address _____

Bank Phone Number _____

ABA Routing Number _____

Account Number _____

Type of Account: Checking _____ Savings _____

Amount to be Deposited (100% if net amount is to be deposited) _____

I hereby authorize the deposit of my net paycheck or other periodic payment to the bank account identified above. This authorization is to remain in effect until I submit alternate written instructions. I agree that any funds erroneously deposited into my account in excess of my authorized amount or then current salary may be withdrawn without any liability or prior notice.

Signature

Date

A VOIDED CHECK FROM YOUR BANK ACCOUNT MUST BE ATTACHED TO THIS FORM.