PUTNAM COUNTY SCHOOLS
Achieving Excellence

2ND DIRECT DEPOSIT
ENROLLMENT FORM

(Revised 10/28/15)

INSTRUCTIONS:

1. Attach a voided check for this account.
2. Print all information as neatly and legibly as possible.
3. Proof employee ID number for accuracy.

(Please Print)

FULL NAME: _____

EMPLOYEE ID # 97200 _____
(last four digits)

NAME OF DEPOSITORY BANK: _____

ADDRESS OF DEPOSITORY BANK: _____

(Check One)

CHECKING _____ SAVINGS _____

AMOUNT OF THIS DEPOSIT PER PAY: $ _____

ATTACH VOIDED CHECK HERE

SIGNATURE: _____ DATE: _____

Your money will be in your bank account the morning of the actual pay date.