



north carolina's
RUTHERFORD COUNTY

Debra Conner
HR Director

Brooke Watson
HR Analyst

Direct Deposit Form

EMPLOYEE LAST NAME:	_____
EMPLOYEE FIRST NAME:	_____
EMPLOYEE SS#	_____

YOU MUST PROVIDE THE FOLLOWING INFORMATION

SAVINGS OR **CHECKING**

*MONEY MARKET ACCOUNTS ARE CONSIDERED TO BE CHECKING ACCOUNTS

PLEASE ATTACH A COPY OF A VOIDED CHECK OR A DEPOSIT TICKET WHICH DISPLAYS THE APPROPRAITE ROUTING AND ACCOUNT NUMBERS

ATTACHMENT

EMPLOYEE SIGNATURE: _____

By signing this form you are stating the account information you have given us is your correct banking information. It is your responsibility to provide us any changes to be made to your banking account before each payroll.

CHANGE NOTIFICATION

I wish to change my direct deposit account effective with _____	_____	paydate
_____	date.	