

HANCOCK COUNTY SCHOOLS  
AUTOMATIC DEPOSIT

EMPLOYEE ID NUMBER 929-00\_\_\_\_\_

Employee Name

\_\_\_\_\_  
Last First Middle Initial

Street Address

\_\_\_\_\_

City/Town

\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Depository

\_\_\_\_\_

Depository Address

\_\_\_\_\_

\_\_\_\_\_

Depository Phone Number

\_\_\_\_\_

ABA Routing Number

\_\_\_\_\_

Account Number

\_\_\_\_\_

Type of Account  
Check appropriate

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Please return this form with a VOIDED check to the Payroll Office

|                               |       |
|-------------------------------|-------|
| <b>Payroll Department use</b> |       |
| Bank Identifier               | _____ |
| Effective Date                | _____ |