



# Horry County Schools

Payroll Department  
PO Box 260005  
Conway, SC 29528-6005  
Ph 843-488-6727 Fax 843-488-6726

## Direct Deposit Authorization

Please print your full name as it appears on your Social Security card

Full Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

Employee ID \_\_\_\_\_ Work Location \_\_\_\_\_

**\*\*IMPORTANT REQUIREMENTS FOR PROCESSING\*\***

**For checking accounts attach a voided check. For saving accounts attach a savings deposit slip.**

*(deposit slips for checking accounts are not acceptable)*

**Account 1 Primary Account:**  New  Cancel  Change  Remains the same

Type of Account:  Checking  Savings

Financial Institution: \_\_\_\_\_ Routing Number \_\_\_\_\_

I authorize 100% of my net check to be direct deposited into account number \_\_\_\_\_

Balance of net pay after deposits into Accounts 2, 3, and 4. Account number \_\_\_\_\_

**Account 2 Fixed Amount:**  New  Cancel  Change  Remains the same

Type of Account:  Checking  Savings

Financial Institution: \_\_\_\_\_ Routing Number \_\_\_\_\_

I authorize the fixed amount of \$\_\_\_\_\_ to be deposited into account number \_\_\_\_\_

**Account 3 Fixed Amount:**  New  Cancel  Change  Remains the same

Type of Account:  Checking  Savings

Financial Institution: \_\_\_\_\_ Routing Number \_\_\_\_\_

I authorize the fixed amount of \$\_\_\_\_\_ to be deposited into account number \_\_\_\_\_

**Account 4 Fixed Amount:**  New  Cancel  Change  Remains the same

Type of Account:  Checking  Savings

Financial Institution: \_\_\_\_\_ Routing Number \_\_\_\_\_

I authorize the fixed amount of \$\_\_\_\_\_ to be deposited into account number \_\_\_\_\_

### Your Authorization

This authorization will remain in effect until Horry County Schools receives written notification from me of a change or termination of the above. I, the undersigned, hereby authorize Horry County Schools to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to the above accounts.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date