

Williamsburg County School District



DIRECT DEPOSIT FORM

NAME: _____

SSN: _____

ADDRESS: _____

Primary (Choose 1)

Secondary (s)

Checking Account Deposit

Checking Account Amt. \$ _____

Savings Account Deposit

Savings Account Amt. \$ _____

Bank Card Account

Employee Signature

Date

Please submit a Voided Check or a TYPED Letter from the Bank.