Forsyth County
Automatic Payroll Deposit Form

NAME _____   **DEPARTMENT** _____

SOCIAL SECURITY NUMBER _____   **EMPLOYEE**
WORK TEL. NO. _____

MY BANK NAME IS _____

BANK ROUTING NUMBER _____
    (Bank # is the first set of #'s, account # is the second set of #'s at the bottom of the check)

PLEASE CHECK ONE:

☐ **Deposit my pay to my CHECKING ACCOUNT NUMBER** _____
        (ATTACH A VOIDED CHECK OR A COPY OF A CHECK)

☐ **Deposit my pay to my SAVINGS ACCOUNT NUMBER** _____
        (ATTACH A VOIDED SAVINGS ACCOUNT DEPOSIT SLIP)

**IMPORTANT: YOU MUST COMPLETE A NEW AUTOMATIC PAYROLL DEPOSIT
FORM IF YOU EVER CHANGE BANKS OR ACCOUNT NUMBERS**

_____   _____
        DATE   **SIGNATURE**

**This change overrides any previous account numbers given for automatic payroll deposit
and will be effective immediately provided HR receives this completed form with a voided
check or copy of a check before the pay period ending date.**