

Oregon Board of Education

5721 Seaman Road
Oregon, OH 43616-2699
(419) 693-0661

TO: All Employees

FROM: Payroll Department

RE: Direct Deposit DATE _____

It is now mandatory that all employees have direct deposit.

Please fill out the form below and return it as soon as possible.

You will also need to furnish us with a voided check or payroll direct deposit authorization form from your bank showing your routing # and Account #.

I, _____ wish to enroll in the
Printed Name

direct deposit program for my paychecks. I have listed below the necessary information and attach a voided check.

Name of Bank

Bank Routing Number

Account Number

Date

Signature of Employee

E-MAIL ADDRESS**

Social Security Number

****If you wish to receive your direct deposit notice via email.**