Baldwin County Board of Education Payroll and Benefits Department2600-A North Hand Avenue Bay Minette, AL 36507

Employee Name: (LastName, FirstName, MiddleInitial)

Application For Exemption From Payroll Direct Deposit

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Social Security #		Employee #		
Mailing Address				
Triuming Facti Coo				
City	State	Zip Code		
BCBE Email Address		Home Phone Number		
Payroll Frequency				
Semi-Monthly	Month	Monthly		
		•		
payroll. Because I am unab Baldwin County Board of I (Select one) I am unable to ge	e, hereby authorize that I am le to utilize direct deposit I a Education for future payroll pt a bank account. (Please at e near a bank or ATM from	m requesting to be paid by chayments due to one of the re	neck from the asons below.	
Employee Signature	Date			
Approval Signature Required:				
Chief School Financial Of	fficer	Approved	Denied	
Name	Signature	D	Date	
	Original document to Payrol			