RUSSELLVILLE CITY SCHOOLS Data Collection

Last Name:			First Name:
*Mailing Address (please include your zip code)			Telephone No.
*E-mail Address (mandatory) Used for direct deposit stubs			Cell Phone No.
Direct Deposit is Required			
Fill in account number by the institution where you want to receive your deposit.			
Checking	Attach a v	voided check or deposit slip. Indicate if	
Account	Account	Financial Institution	Account Number:
		Alabama Central Credit Union	
		Bank Independent	
		CB & S Bank	
		Community Spirit Bank	
		First Metro Bank	
		Listerhill Credit Union	
		Valley Credit Union	
		Valley State Bank	
		Other:	
	NT-+	ify the negreell denortment at the Control	al Office to make changes
***Notify the payroll department at the Central Office to make changes ***			
I certify that the above information is correct.			
Name Da			Date