

TAYLOR COUNTY BOARD OF EDUCATION

Authorization Agreement for Direct Deposit of Payroll

Employee
Name _____ SS# _____

I hereby authorize the Taylor County Board of Education to initiate Direct Deposit for payroll credit entries to my depository account as indicated below. I also authorize debit adjustment entries as necessary to correct errors.

Depository Name _____
City _____ State _____ Zip _____

This authorization agreement is to remain in full force and effect until the Taylor County Board of Education has received written notification from me of its termination in such time and manner as to afford the Taylor County Board of Education and the depository a reasonable opportunity to execute the termination.

Signature _____ Date _____

A voided check must be attached to this agreement.

For Office Use Only		
Employee No. _____	Transit/ABA No. _____	Account No. _____

