

Authorization Agreement For Direct Deposit

I hereby authorize Pickens County Board of Education to initiate credit entries to my checking or savings account at the bank listed below. **A test run will be done the first month to make sure the bank can read your account number. Your direct deposit will be deposited into your account the next payroll month.**

Bank Information:

Bank Name: _____

Bank Address: _____

ATTACH A VOIDED CHECK

(Please No Deposit Tickets)

Account Information: Type of Account: _____ Checking or _____ Savings

Account Number: _____

Bank Routing#: _____

This authorization is to remain in effect until Pickens County Board of Education has received written notification from me of its termination.

Name: _____ S.S.# _____

Signature: _____ Date: _____