

Direct Deposit Authorization Form

Return this form to:
Greene County Board of Education
220 Main Street
Eutaw, AL 35462

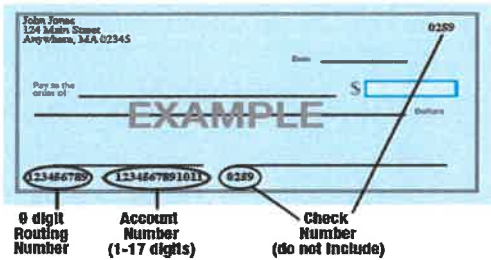
<input type="checkbox"/>	ENROLL	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	CANCEL
--------------------------	---------------	--------------------------	---------------	--------------------------	---------------

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.
Greene County Board of Education is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

NOTE: The funds will be deposited to your bank account number the second month after completing this form. It is important for you to check the accuracy of the deposit the second month. There is typically a ten-day delay for us to receive notification of refused deposits.

It is your responsibility to notify us of any changes in your account prior to the current payroll cutoff, such as your closing the account or changing account numbers. We do not receive notification from our originating back of closed accounts until after the deposit has been refused.

Employee Signature: _____ Date: _____