

Agreement for Direct Deposit Authorization Form

Columbus County Schools
P.O. Box 729
Whiteville, N.C. 28472

<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECLINE
			_____ Signature/Date

(Please Print)

Social Security Number: _____ - _____ - _____ School: _____

Employee Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Name of Bank: _____

Bank Location: _____

Routing Number: _____ Account Number: _____

FOR DEPOSIT TO (indicate <i>ONLY</i> one):	
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT

I hereby authorize Columbus County Schools and the financial institution shown to deposit my pay directly to my account each pay period. If funds to which I am not entitled are deposited to my account, I authorize Columbus County Schools to direct the bank to return said funds.

Signature _____ Date _____

ATTACH A VOIDED CHECK OF CHECKING ACCOUNT OR A DEPOSIT SLIP OF SAVINGS ACCOUNT
(Central Office Use Only)

ATTACH
Voided Check or Deposit Slip