

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 <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;">Signature/Date</div>
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(Please Print)

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

Employee Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Name of Bank: _____

Bank Location: _____

Routing Number: _____ **Account Number:** _____

FOR DEPOSIT TO (indicate *ONLY* one):

☐ **CHECKING ACCOUNT**

☐ **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