

# TALLADEGA COUNTY BOARD OF EDUCATION

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

To sign up for direct deposit, complete form as indicated below. Fully complete information for each financial institute selected for net pay distribution. Direct Deposit is limited to one account per bank. For checking account, attach a voided check. For savings account, signed verification from your bank is required. The form must be signed and dated. I understand that it is my responsibility to notify TCBOE of changes in account information. I further understand that TCBOE is not responsible for any charges incurred in the event of an error.

I authorize Talladega County Board of Education to initiate entries to the account/accounts indicated below as follows:

1. They may initiate CREDIT entries, which moves money into my account according to the schedule and other conditions to which Talladega County Board of Education and I have agreed.
2. They may initiate DEBIT entries to reverse any transactions they have originated to my account in error.

Name: \_\_\_\_\_

Daytime Phone number: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\*\*\*THE LAST DEPOSIT MUST BE 100%\*\*\*

Name of Financial Institution: (LIMIT ONE ACCOUNT PER BANK)

\_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ \_\_\_\_\_ Checking or \_\_\_\_\_ Savings

Customer Account Number: \_\_\_\_\_  
Bank Representative Signature

100% or \$ Amount: \_\_\_\_\_  
Date

Name of Financial Institution: (LIMIT ONE ACCOUNT PER BANK)

\_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ \_\_\_\_\_ Checking or \_\_\_\_\_ Savings

Customer Account Number: \_\_\_\_\_  
Bank Representative Signature

100% or \$ Amount: \_\_\_\_\_  
Date

I hereby authorize Talladega County Board of Education and the above named banks to credit and/or debit amounts to my account and this authority shall remain in force until I give written notice of its termination and afford the company reasonable time to act on it.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
New

\_\_\_\_\_  
Stop

\_\_\_\_\_  
Change

THE COMPLETION OF THIS FORM SUPERSEDES ALL PRIOR AUTHORIZATION FORMS