

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYER: LAURENS COUNTY BOARD OF EDUCATION

LOCATION: _____ (SCHOOL)

I hereby authorize Laurens County Board of Education to initiate credit entries and to initiate adjustments (if necessary) for any transactions credited/debited in error to my account listed below.

FINANCIAL INSTITUTION NAME: _____

Account Number as it appears on your Check: _____

Amount of Deposit: \$ _____ (fill out only if you have two Direct Deposits – and only fill out the amount on one of the forms. The remainder of your pay will be deposited into the other account).

Type of Account: Checking or Savings

This authorization is to remain in full force until Laurens County Board of Education has received written notification from the undersigned of its termination in such timely manner as to afford the Laurens County Board of Education and Financial Institution a reasonable opportunity to act on it. Notice to terminate this agreement must be given by the 10th of the month of the next scheduled payday.

Name: _____ SS#: _____ - _____ - _____

Date: ____ / ____ / ____ Signature: _____