

**AUGUSTA COUNTY PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FORM**

**PER SCHOOL BOARD REGULATION 5.910, DIRECT DEPOSIT IS MANDATORY FOR ALL EMPLOYEES

Social Security Number	Name: (First) (MI) (Last)		
Address: (Street)	(City)	(State)	(Zip)
Home School/Department	Home Telephone	Email Address	

I hereby authorize Augusta County School Board to automatically credit my (check one)
 _____ checking _____ savings account

Financial Institution	
Transit/ABA Number**	Account Number
**Transit/ABA Number is normally the first nine digits in the lower left hand corner of your check. These numbers will begin and end with brackets as shown in the following example - : 251483311 :	

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.	
I understand that this authorization will be in effect until I notify the Augusta County School Board in writing of any change in banks or bank account numbers, allowing them reasonable time to act on my notification. Also, If funds to which I am not entitled are deposited in my account, I authorize the School Board to initiate a correcting (debit) entry.	
Signature	Date

TAPE VOIDED CANCELED CHECK HERE

**ORIGINAL, SIGNED FORM is required. No email or scanned copies will be accepted.
Deliver completed form to Central Office. Photo ID is required as proof of identity.**