

**DIRECT DEPOSIT**  
**CREDIT AUTHORIZATION**

I hereby authorize Macon County Board of Education, hereinafter called MCBOE, to initiate credit entries to my account indicated below and the financial institution names below, hereinafter call Financial Institution, to credit the same to such account for payroll. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Financial Institution Branch

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Routing Number Account Number

Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Saving

This authority is to remain in full force and affect until MCBOE has received written notification from me of its termination in such time and manner as to afford MCBOE and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Print or Type Individual Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Social Security Number

**Please Attach Copy of Voided Check to This Form !!!**