

Direct Deposit Authorization Form

I (we) hereby authorize The School District of Athens, to initiate credit entries for payroll to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Bank Address

City/State

Zip

Routing #

Account #

Type of Acct: ____ Checking

____ (amount or %)

____ Savings

____ (amount or %)

This authority is to remain in full force and effect until The School District of Athens has received written notification from me (or either of us) of its termination in such time and manner as to afford The School District of Athens and _____ a reasonable opportunity to act on it.

Financial Institution

Print Name

Print Social Security Number

Signature

Date

For Office Use Only:

Employee Number

Date Posted

Completed By

Please attach copy of voided check to this form!