

Taliaferro County Schools Direct Deposit Authorization

Please have my monthly salary electronically deposited to my account. I have attached a copy of a check from the bank where the deposit should be made. Please start my direct deposit on ___/___/____. This authority will remain in effect until the Board is notified by me (us) in writing to cancel it in such time as to afford the Board and Financial Institution a reasonable opportunity to act on it.

Account #1

Account Type: ___ Checking ___ Savings

Institution Name: _____

Bank Routing # / ABA #: _____ Account#: _____

Percentage to be deposited into this account: _____

Account #2

Account Type: ___ Checking ___ Savings

Institution Name: _____

Bank Routing # / ABA #: _____ Account#: _____

Percentage to be deposited into this account: _____

Please attach a voided check for each account here

Signature

Date

Printed Name