

**HAMBLEN COUNTY SCHOOLS  
AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION  
PRIMARY ACCOUNT**

Complete and return to the payroll department, **along with a voided personal check.**

Company Name: Hamblen County Department of Education

*I hereby authorize the Hamblen County Department of Education, hereinafter called COMPANY, to initiate credit entries and any adjusting debit entries to my \_\_\_checking or \_\_\_savings account indicated below at the depository financial institution named below; hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.*

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

*This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID (to be completed by employer)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Submit to payroll department.**