

HAMBLLEN COUNTY DEPARTMENT OF EDUCATION
AUTOMATIC PAYROLL DEPOSIT
AUTHORIZATION – PRIMARY ACCOUNT

Complete and return to the Payroll Department *with your personal voided check.*

I hereby authorize the Hamblen County Department of Education to initiate credit entries and any adjusting entries to my _____ checking account _____ savings account (**select one**) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and credit the same 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 the Hamblen County Department of Education has received written notification from me of its termination in such time and in such manner as to afford HAMBLLEN COUNTY DEPARTMENT OF EDUCATION and DEPOSITORY a reasonable opportunity to act on it.

Employee Name – Please Print

Employee ID – To be completed by Payroll Department

Signature

Date