



New Account Setup       Change Existing Account Information       Stop Direct Deposit

**Authorization Agreement**

I hereby authorize **Cumberland County Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize Bardstown Independent Schools to make debit entries in the event that a credit entry is made in error. These deposits will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

Further, I agree not to hold **Cumberland County Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Bank Employee Contact Name: \_\_\_\_\_

Vendor Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Routing Number:

Account Number: \_\_\_\_\_  Checking  Savings

***\*Please attach a VOIDED check and return with this form.***

**Signature of Authorized Employee**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*FIRST PAYCHECK will be on September 30<sup>th</sup>.\*\*\***

**Cumberland County Board of Education USE ONLY**

MUNIS BANK VENDOR # \_\_\_\_\_

MUNIS EMPLOYEE NUMBER: # \_\_\_\_\_