

DECATUR COUNTY BOARD OF EDUCATION

Direct Deposit Enrollment and Authorization Form (Authorization Agreement for Electronic Transfer of Funds via ACH Credits)

Instructions:

1. Complete this entire authorization agreement. Please print using black or blue ink.
2. Present this completed form to the company's financial office. If your checking account will be credited, please attach to this form a voided check for the checking account. If your savings account will be credited, please attach to this form a voided deposit slip for the savings account.
3. This agreement may be revised or terminated at any time by written notification or email to the company's financial office.

YOUR INFORMATION

Check appropriate box: <input type="checkbox"/> New Enrollment/Authorization <input type="checkbox"/> Change in Bank Account <input type="checkbox"/> Cancel Participation	Last Name:		First Name and Middle Initial:	
	Street Address:			
	City:		State and Zip Code:	
	Daytime Phone: ()		Evening Phone: ()	

CHECKING OR SAVINGS ACCOUNT ACH CREDIT AUTHORIZATION

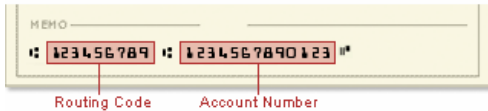
Payroll deposits should be credited to my:

- Checking Account (Please attach a voided check.)
- Savings Account (Please attach a deposit slip.)

Name of Financial Institution: _____

Routing Number (9 Digits): _____

Account Number: _____



Company Use Only:

ACH Transaction Set Up on ____/____/____ by _____

Individual ID Assigned: _____

I hereby authorize *Decatur County Board of Education* to automatically deposit payroll into my account by initiating ACH credit transactions per the information stated on this form. I also authorize my employer to initiate debit entries to my account, should such entries be necessary to correct incorrect entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until *Decatur County Board of Education* has received written notification from me of its termination in such time and in such manner as to afford *Decatur County Board of Education* a reasonable opportunity to act on it.

Account Holder Signature: _____

Date: ____/____/____