

DIRECT DEPOSIT

AUTHORIZATION AGREEMENT

I hereby authorize Mercer County Board of Education, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

___Checking ___Savings account (select one)

Indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

YOUR NAME MUST appear on the account and on the voided check

DEPOSITORY NAME _____

CITY _____ **STATE** _____ **ZIP** _____

ACCOUNT NO. _____

This authority 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.

THREE WEEKS MUST BE GIVEN WITH A DEPOSITORY CHANGE

NAME _____ **SOC. SEC.#** _____

(Please Print)

SIGNED _____ **DATE** _____

If at anytime you should have a change in banking information, please complete a new authorization agreement and attach a voided blank check.

PLEASE ATTACH A VOIDED BLANK CHECK