

Direct Deposit Authorization Form

Mount Olive Board of Education

Authorization Agreement

*Direct Deposit is *mandatory* for all contracted employees and substitutes.

I hereby authorize **Mt. Olive Board of Education** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Mt. Olive Board of Education** to make withdrawals from this account in the event that a credit entry is made in error. This agreement will remain in effect until **Mt. Olive Board of Education** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____ (must be 9 digits)

Account Number: _____ Checking Savings

Employee Name & Signature

Employee Name: _____ Date: _____

Employee Signature: _____ Date: _____

PLEASE CHECK ONE:

- _____ New Direct Deposit
- _____ Change existing direct deposit
- _____ Cancel/Stop direct deposit

For Payroll Office Use Only

Prenote: ---/---/---

Direct Deposit: ---/---/---

* Activation of direct deposit will take one pay period

ATTACH VOIDED CHECK OR DEPOSIT TICKET HERE