

Morgan County Board of Education

Direct Deposit Payroll Authorization Form

Name: _____

Address _____

City, State, Zip: _____

Social Security #: _____

Please deposit my payment into the following account(s):

Bank Name: _____

<u>Account Type</u>	<u>Transit/ABA #</u>	<u>Account #</u>
Checking or Savings	_____	_____

I wish to deposit \$ _____ or Entire Net Amount

<u>Account Type</u>	<u>Transit/ABA #</u>	<u>Account #</u>
Checking or Savings	_____	_____

I wish to deposit \$ _____ or Entire Net Amount

Memo _____	_____
⑆012345678⑆ 123456789⑆ 0101	
Routing/Transit # A 9-digit number always between these two marks	Checking Account #
	Check # This number matches the number in The upper right corner of the check Not needed for sign-up

I hereby authorize Morgan County Board of Education, hereinafter called the Board, to deposit my payment(s) each pay period directly into my account of choice. This authorization will activate my direct deposit on the second payment after this form is received by the payroll department. In the event that the Board deposits funds erroneously into my account, I authorize the Board to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Board has received written notice from me of its termination in such time and in such manner as to afford the Board reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

_ (Attach a voided check to this document)