

**DALEVILLE CITY BOARD OF EDUCATION
626 North Daleville Avenue
Daleville, AL 36322**

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

NAME OF BANK: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____ SAVINGS _____ CHECKING

I authorize my payment to be sent to the financial institution named above and to be deposited into the designated account.

SIGNATURE: _____

DATE: _____

Please attach a voided check OR a form from your bank indicating your account information.