



Authorization for Direct Deposit

I hereby authorize the DeKalb County Board of Education to initiate credit entries by direct deposits (ACH payments) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account(s) as indicated below:

EMPLOYEE NAME: _____

Account Type (circle one): Checking Savings

Depository/Bank Name: _____

Branch Location: _____

Transit/Routing Number: _____

Account Number: _____

Email Address: _____

Signature: _____ **Date:** _____

Please attach voided check/deposit slip or letter with banking information from your banking institution.

This authority will remain in effect until we are provided with new banking information on an updated Direct Deposit form.