



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)
AND DEPOSIT REVERSALS (DEBITS)**

I (We) hereby authorize Darlington County School District hereinafter called the COMPANY, to initiate credit entries to my (our) checking or savings accounts(s) listed below and the depository named below, hereinafter called the DEPOSITORY, to credit the same to such account. In the event of overpayment to my account, I (we) authorize the COMPANY to make an adjusting debit entry to my (our) account up to the amount of overpayment.

<u>CHECKING ACCOUNT</u>		
Depository Name: _____	Branch: _____	
Routing Number: _____	State: _____	
Checking Account Number: _____		
<u>SAVINGS ACCOUNT</u>		
Depository Name: _____	Branch: _____	
Routing Number: _____	State: _____	
Savings Account Number: _____		
Financial Institution Agent: _____	Signature: _____	Date: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Your direct deposit takes two pay cycles. This direct deposit will be pre-noted on the first pay cycle after this form is received. Your check will be direct deposited on the following pay cycle.

Employee Name: _____

Employee Social Security #: _____

Job Title: _____

Employee Signature: _____ Date: _____

SPECIAL REMINDERS:

- *NOTIFY PAYROLL BEFORE ANY CHANGES ARE MADE TO YOUR ACCOUNT
- *Choose only one – checking or savings account!