

**Watauga County Schools
Authorization Agreement
For Automatic Deposits of Net Pay**

Employee Name: _____

School/Location: _____

Employee Address: _____

Employee SSN: _____

I authorize Watauga County Schools to deposit my net pay to the account(s) and bank(s) indicated and to initiate any necessary adjustment entries to my account for any transactions credited to it in error.

Account Type (Checking or Savings)	Bank Name	ABA Routing No.	Account No.	\$ Amount (if applicable)

This authorization is to remain in full force and effect until Watauga County Schools has received a new agreement from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Employee Signature: _____

Date: _____

Attach a voided check or a savings deposit slip to this form below for each account indicated.

