



GUNTERSVILLE

CITY SCHOOLS

Direct Deposit Agreement Form

Authorization Agreement

I, _____ hereby authorize and instruct **Guntersville City Board of Education** (the "Company") to deposit the amount of each of my payroll payments directly into my checking or savings account indicated below in the Account Information and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposit by the Company under this Authorization.

I further hereby authorize and instruct the financial institution named below (the "Institution") to accept such automatic deposits to or withdrawals from my account by the Company and to cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for the correctness of any such deposit or withdrawal.

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Company and the Institution. My cancellation will become effective as to the Company when the Company receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account by the Company up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the Institution when the Institution receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account by the Institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Company and the Institution governing accounts and preauthorized transfers to and from accounts.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Signature

Authorized Signature: _____

Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.