WINSTON COUNTY SCHOOLS
PROVIDA FUTURI
EST. 1908

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Winston County Board of Education to initiate credit entries to my account at the financial institution indicated below.

EMPLOYEE NAME: _____

LAST FOUR OF SOCIAL SECURITY NUMBER:_____ DATE OF BIRTH: _____

BANK/CREDIT UNION NAME: _____

CITY, STATE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____CHECKING _____SAVINGS

% OF CHECK/$AMOUNT: _____

*E-MAIL ADDRESS: _____

This authorization is to remain in effect until the Winston County Board of Education has received written notification from me of its termination in such time and such manner as to afford the Winston County Board of Education and depository a reasonable opportunity to act upon it.

Signature: _____ Date: _____

A voided check must be attached for verification purposes. If you do not have a check you can void, please send something from your bank verifying account information.

*FOR ACH DIRECT DEPOSIT NOTIFICATION