DIRECT DEPOSIT AUTHORIZATION FORM FOR AUTOMATIC DEPOSITS

Employee Name: _____

Email Address: _____

Telephone Number: _____

Bank Information

Bank Name: _____

City: _____ **State:** _____

Routing Number: _____

Account Number: _____

Account Type

☐ **Checking Account** ☐ **Savings Account**

Authorization

I hereby authorize the Phenix City Board of Education to initiate direct deposit of my payroll and/or other authorized payments to the financial institution and account identified above. I certify that the information provided is accurate and complete. This authorization will remain in effect until I provide written notice of cancellation or modification, and such notice has been processed by my employer. I understand that it is my responsibility to notify my employer promptly of any changes to my banking information.

Employee Signature: _____**Date:** _____

For Employer Use Only

Date Received: _____ Processed By: _____