

Watauga County Schools

Authorization Agreement For Automatic Deposits of Net Pay

THIS FORM MUST BE SENT TO THE COUNTY OFFICE (PAYROLL DEPARTMENT) VIA PONY MAIL, IN PERSON, OR USPS. NO SCANNED OR EMAIL FORMS WILL BE ACCEPTED

Employee Name _____ School/Location _____

Employee ID number or SSN _____

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

Account Type- Checking, Savings, or Loan	Bank Name	ABA Routing Number**	Account Number**	\$ Amount or % of check

****Please make sure to double check your account information. Incorrect banking information can cause a delay of your payroll deposit.**

This authorisation is to remain in full force and effect until Watauga County Schools has received written notification to update your account information or \$ amounts.

Employee Signature _____ Date _____

If available, please attach a voided check or deposit slip with this form.