



Hazlehurst City School District

Excellence is the Expectation

Dr. Nonya C. Thrasher, Superintendent

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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

_____ New Employee _____ Change _____ Cancel

I hereby authorize Hazlehurst City School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ___ checking or ___ savings account (select one) indicated below and the depository named below to credit and/or debit the same to such account.

Bank Name (or other Depository) _____

Bank Address _____
City State ZIP Code

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Hazlehurst City School District has received written notification from me of its termination in such time and in such manner as to afford Hazlehurst City School District and Depository a reasonable opportunity to act on it. All requests for changes to Direct Deposit must be in Payroll two weeks prior to the upcoming pay period.

Name _____ Social Security No. _____
(Please print or type name as it appears on bank account)

School/Office _____
(Hazlehurst Elementary, Hazlehurst Middle, Hazlehurst High, District Office)

Applicant's Signature

Date

PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT TO BE CREDITED