

# WHITLEY COUNTY BOARD OF EDUCATION PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the Whitley County Board of Education to initiate deposits to either my Checking or Savings account at the financial institution named below.

CHECKING \_\_\_\_\_ (Voided **copy of Check** attached)  
IF NOT 100% of NET Check, indicate deposit amount \$ \_\_\_\_\_

SAVINGS \_\_\_\_\_

**NAME OF BANK** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_ (for deposit)

BANK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**BANK ROUTING NUMBER** \_\_\_\_\_

This authorization is to remain in full force and effect until I notify, in writing, the Finance Department at the Whitley County Board of Education that I wish to terminate this agreement. I understand that I need to give to the Whitley County Board of Education and my financial institution reasonable opportunity to act upon my request, at least 10 days prior to the next payroll date. If payment is made in error to the account listed above, I authorize the Whitley County Board of Education to initiate a debit entry to the account to correct the error.

**PRINT NAME** \_\_\_\_\_

SIGNED \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE \_\_\_\_\_

[Entered in payroll on \_\_\_\_\_ by \_\_\_\_\_]