

**Crisp County School System
Direct Deposit Authorization Form**

Employee Name (Please Print)

Social Security Number

School/Location

Name of Financial Institution/Bank

City, State

Financial Institution/Bank Routing Transit Number _____
(Look between symbols /: and /: on bottom left corner of your check)

Checking Account Number _____

OR

Savings Account Number _____

I hereby authorize the Crisp County School System to initiate a CREDIT entry to my checking/savings account at the Bank or Financial Institution I have listed above and initiate adjustments, if necessary, for any transactions credited or debited in error. This authority will remain in effect until I, the employee, notify the payroll department in writing to cancel it.

Employee Signature

Date

PLEASE ATTACH A VOIDED CHECK HERE