

Tipton County Board of Education Direct Deposit of Funds Authorization Form

I hereby authorize the Tipton County Board of Education to initiate credit entries or if necessary, debit entries and adjustments for any errors in credit entries to the depository indicated below:

Name (print) _____ Signature _____

Social Security Number _____

School/Location Assigned _____

Date _____

Name of Depository _____

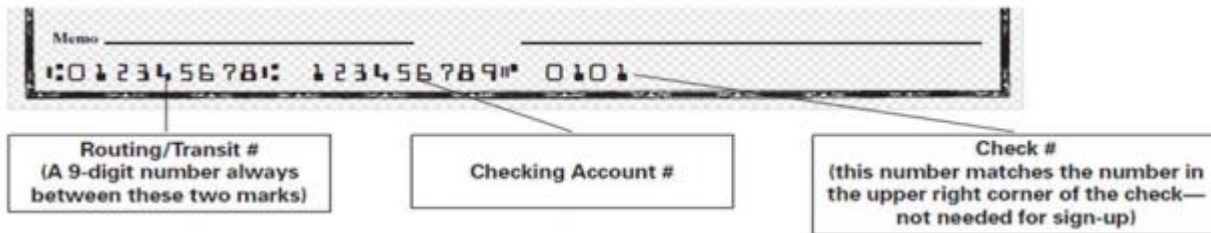
Account Information: New Change Cancel

Checking Savings Pre-load Bank Card I wish to deposit \$_____ or Entire Net Amount

YOU MUST ATTACH A VOIDED CHECK OR PROVIDE A LETTER FROM THE BANK. IF YOU USE A DEPOSIT SLIP YOU MUST VERIFY THAT THE ROUTING NUMBER IS CORRECT.

WE DO NOT ACCEPT HAND WRITTEN BANK INFORMATION

It is your responsibility to provide complete and accurate account information.



This is to remain in full force and effect until the Tipton County Board of Education has received written notification from me of its termination in such time and in such manner as to afford the Board of Education and the depository a reasonable opportunity to act on it.

This authorization revokes all prior payment direct notifications. I understand that this authorization may be cancelled or modified in writing by me.

OFFICE USE ONLY

Set Up by: _____ Date: _____ Changed by: _____ Date: _____

Effective Date: _____ Verified by: _____ Date: _____

RETURN THIS COMPLETED FORM ALONG WITH A VOIDED CHECK OR AUTHORIZATION FROM THE DEPOSITORY TO THE PERSONNEL DEPARTMENT.