DIRECT DEPOSIT FORM (ACH CREDITS)

❑ ADD (New Participant)	❑ CHANGE (Financial Institution and/or Account #)

I (we) hereby authorize **Greeneville City Schools** , (the "Company", to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account(s) at the financial institution(s) indicated below.

Please attach a voided check or financial institution verification letter for account validation.

PRIMARY DIRECT DEPOSIT ACCOUNT

☐ CHECKING ☐ SAVINGS

Depository Financial Institution

TRANSIT ROUTING NUMBERS											ACCOUNT NUMBER INFORMATION													
⑈										⑈														

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.

Name(s) - Please Print		
Address	City and State	Zip Code
Email Address for Direct Deposit Notification		
Signed		Date

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.