

# 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 \_\_\_\_\_

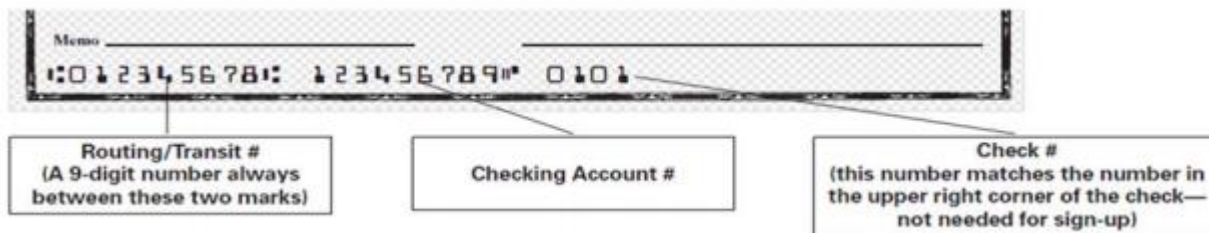
Account Information:  New  Change  Cancel

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.

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### 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 **IN PERSON** TO THE PERSONNEL DEPARTMENT.**