

**GREENE COUNTY BOARD OF EDUCATION
DIRECT DEPOSIT AUTHORIZATION
FORM**

- New Agreement
- Change Account
- Cancel Agreement

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Greene County Board of Education to initiate credit entries to my account with the financial institution indicated below. This authority is to remain in full force and effect until Greene County Board of Education has received written notification from me of its termination in such time and in such manner as to allow Greene County Board of Education a reasonable opportunity to act on it. I understand this authorization is for payroll only.

Select One:

- Checking Account
- Savings Account

Employee Information:

Name _____

Last Four Digits of your Social Security Number _____

Financial Institution:

Bank Name _____

City _____ State _____ Zip Code _____

Transit/ABA Routing No. _____ Account No. _____



Signed: _____ Date: _____

Attach: Voided check for checking accounts OR savings deposit slip for savings accounts

FORM WILL NOT BE PROCESSED WITHOUT INFORMATION BELOW

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____ \$ 		
_____		DOLLARS
MEMO _____	X _____	
: 123456789 : 11484620040 ^a 3680		

Transit/ABA No.

Account No.