

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME WILSON COUNTY SCHOOLS COMPANY ID NUMBER # 001 836 6

I (We) hereby authorize Wilson County Schools, hereinafter called COMPANY, to Credit entries to my account indicated below, at the bank named below, hereinafter called Depository Financial Institution (DFI), and, if necessary, reverse or adjust entries for any credit entry made in error to my account.

DFI (BANK) _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____
(Number in far left corner of check)

Account Type: Check one. () Checking () Savings

This authorization is to remain in full force and effect until COMPANY has received notification from me of its termination in such time and in such manner as to afford COMPANY and DFI a reasonable opportunity to act on it.

Name _____ ID Number _____
(Social Security Number)

Signature _____ Date _____

Note: All written authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

PLEASE ATTACH ONE OF YOUR CHECKS BELOW TO THE BANK/FINANCIAL INSTITUTION NAMED ABOVE AND WRITE "VOID" ON THE CHECK. THE CHECK WILL HAVE THE ROUTING NUMBER AND ACCOUNT NUMBER.

ATTACH CHECK HERE.

DIRECT DEPOSIT STATEMENTS ARE SENT TO THE EMPLOYEE BY EMAIL. PLEASE PROVIDE YOUR EMAIL ADDRESS BELOW.
