



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Winston County Board of Education to initiate credit entries to my account at the financial institution indicated below.

EMPLOYEE NAME: _____

EMPLOYEE LOCATION: _____

BANK/CREDIT UNION NAME: _____

CITY, STATE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____ CHECKING _____ SAVINGS

*E-MAIL ADDRESS: _____

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

Signature: _____

Date: _____

A voided check must be attached for verification purposes.