



**HOPKINS COUNTY SCHOOLS
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

EMPLOYEE INFORMATION:

NAME: _____ SOCIAL SECURITY NUMBER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

ACCOUNT INFORMATION:

PLEASE SELECT ONE: CHECKING () SAVINGS ()

FINANCIAL INSTITUTION NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
ROUTING NUMBER: * _____ ACCOUNT NUMBER: _____

*THIS INFORMATION CAN BE FOUND ON THE BOTTOM OF YOUR PERSONAL CHECKS, JUST PRECEDING YOUR ACCOUNT NUMBER. IF YOU ARE UNSURE ABOUT THE ROUTING NUMBER, PLEASE CONTACT YOUR FINANCIAL INSTITUTION REPRESENTATIVE.

EMPLOYEE AUTHORIZATION:

I HEREBY AUTHORIZE HOPKINS COUNTY SCHOOLS TO INITIATE CREDIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT.

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL HOPKINS COUNTY SCHOOLS HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD HOPKINS COUNTY SCHOOLS AND FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

ALL CHANGES TO DIRECT DEPOSIT MUST BE RECEIVED 15 DAYS PRIOR TO THE PAYROLL DATE TO BE EFFECTIVE.

EMPLOYEE SIGNATURE _____ DATE _____

YOU MUST ATTACH A VOIDED CHECK AND/OR A DEPOSIT TICKET TO THIS FORM.