

Direct Deposit – Authorization Agreement

Check One

- New Authorization
- Authorization to Transfer to Another Depository (Bank)
- Change of Account Number
- Cancellation – (For Cancellation Do Not Supply Account Number and Transit ABA Number)

Company Name (Orange Board Of Education)

Company Address (school address)

I hereby authorize the Company to initiate by electronic means direct deposit (credit entries) of my net earnings to my Checking or Savings account in the entity named below (“Depository”) and to initiate, if necessary debit entries and adjustments for any credit in error. I authorize the Depository (Bank) to accept and to credit and or debit the amount of such entries to my account.

Depository Name (Bank)

Branch

City

State

Zip Code

Transit / ABA Numbers

(Must be 9 Digits)

Account Number

(Enter Only Numbers, Letters & Hyphens)

If direct deposit is to a checking account, attach a voided blank personalized check. If direct deposit is to a savings account enter account number only. Your financial institution can help you complete this information.

Employee Name: (Print)

Date:

Employee Signature:
