

Forrest County School District
Direct Deposit Authorization Agreement

Complete Only One Enrollment Form Per Account

_____ New Enrollment

_____ Change (Select One)

I hereby authorize the Forrest County School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my _____ Checking or _____ Savings account (select one) indicated below and the depository institution named below to credit and/or debit the same to such account.

If more than one account will be used, indicate below the amount or percent of the deposit for each account. Complete a separate enrollment form for each account, up to a maximum of 4 (four).

\$ _____ (Checking)

\$ _____ (Savings)

DEPOSITORY (BANK) NAME _____

BRANCH (IF APPLICABLE) _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA # _____ ACCOUNT # _____

This authority is to remain in full force and effect until the Forrest County School District payroll office has received notification from me in writing of its termination in such time and in such manner as to afford the Forrest County School District and the Depository (Bank) indicated above a reasonable opportunity to act upon it.

EMPLOYEE'S NAME _____ SOC SEC # _____
(Please Print)

SCHOOL/DEPARTMENT _____

DATE _____ SIGNATURE _____

A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT
ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT TICKET BELOW

(STAPLE HERE)