

the bank listed below.

**Account Information:** 

## **Authorization Agreement for Direct Deposit**

Bank Information:

Bank Name:

Bank Address:

Type of Account: \_\_\_\_\_Checking or \_\_\_\_\_Savings

Account Number:

I hereby authorize Pickens County Board of Education to initiate credit entries to my account at

This authorization is to remain in effect until Pickens County Board of Education has received written notification from me of its termination.

S.S.#:
Date:

I certify the identity of the person above has been verified.

Name of person certifying:

Signature of person certifying:

Bank Routing#:

Date certified:

## ATTACH A VOIDED CHECK