

**AUTHORIZATION AGREEMENT
DIRECT DEPOSITS
ALEXANDER CITY BOARD OF EDUCATION**

I hereby authorize the Alexander City Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

PRIMARY ACCOUNT:

FINANCIAL INSTITUTION NAME _____

CITY, STATE, ZIP CODE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

SECOND ACCOUNT: Amount to deposit\$ _____

FINANCIAL INSTITUTION NAME _____

CITY, STATE, ZIP CODE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

THIRD ACCOUNT: Amount to deposit\$ _____

FINANCIAL INSTITUTION NAME _____

CITY, STATE, ZIP CODE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

This authority is to remain in full force and effect until Alexander City Board of Education has received written notification from me of its termination in such time and manner as to afford the Alexander City Board of Education and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

DATE _____ EMAIL ADDRESS _____

PHONE NUMBER: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.