

**Coosa County Schools
 Authorization Agreement For
 Employee Automatic Deposits (ACH Credits)**

EMPLOYEE NAME: _____
 SOCIAL SECURITY NUMBER: XXX-XX-_____
 PHONE NUMBER: _____
 Email Address: _____

This agreement applies to _____ Payroll _____ Accounts Payable (check all that applies)

I hereby authorize the Coosa County Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry made in error to the account indicated below and the Depository named below, to credit and/or debit the same to such account.

BANK NAME: _____
 CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER (ABA NUMBER): _____

ACCOUNT NUMBER: _____

CHECKING SAVINGS

NAME	_____ 20 _____	0324
Pay to the order of _____	\$ <input style="width: 50px;" type="text"/>	
		_____ Dollars
Bank _____		
Memo _____		
⑆1 2 3 4 5 6 7 8 9⑆ 0 2 2 9 9 9 9 9 9 9 9 ⑆ 0 3 2 4		

Example Routing Number: 123456789 Example Account Number: 022999999999

This authority is to remain in effect until the Coosa County Board of Education has received written notification of termination in such time and such manner as to afford Coosa County Board of Education and Depository a reasonable opportunity to act upon it.

Employee Signature: _____ Date: _____

Board Use Only

Date Received: _____