

LOGAN COUNTY BOARD OF EDUCATION DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize my employer, Logan County Board of Education, to enroll me in the Payroll Direct Deposit Program:

EMPLOYEE NAME _____

IDENTIFICATION # _____

NAME OF DEPOSITORY BANK _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____

 IS THE ABOVE A CHECKING ___ OR SAVINGS ___ ACCOUNT.

 **** ATTACH A VOIDED CHECK FOR ACCOUNT ****

This authorization agreement is to remain in effect until the Logan County Board of Education has received written notification from me on its termination in such time and in such manner as to afford Logan County Board of Education a reasonable opportunity to act on it.

 Signature _____ Date _____