

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COUNTY OF MCMINN

Yes, please sign me up for Direct Deposit from McMinn County. I authorize you to make direct deposits into my account. Also, I authorize you to initiate debit entries, if necessary, to correct any credit entries made in error.

In order to change or terminate this service, McMinn County must receive prior written notification from me in a reasonable amount of time before the deposit to ensure that the change or termination can be made.

PLEASE NOTE:

Board of Education professional employees choosing to receive twelve (12) checks who elect direct deposit will receive the final three checks in June.

EMPLOYEE'S BANK NAME: _____

CITY: _____ STATE _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____

_____ CHECKING

_____ SAVINGS

NAME(please print) _____ SOCIAL SECURITY NO: _____

SIGNATURE: _____

DATE: _____

In order to verify your banking information and guarantee the efficient transfer of funds, please attach below a voided check or other documentation, excluding deposit slips.