



# HOPKINS COUNTY SCHOOLS AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

## EMPLOYEE INFORMATION

NAME	SOCIAL SECURITY NUMBER	
ADDRESS		
CITY	STATE	ZIP

## ACCOUNT INFORMATION

PLEASE SELECT ONE: CHECKING (  ) SAVINGS (  )

FINANCIAL INSTITUTION NAME		
ADDRESS		
CITY	STATE	ZIP
ROUTING NUMBER*	ACCOUNT NUMBER	

\*THIS INFORMATION CAN BE FOUND ON THE BOTTOM OF YOUR PERSONAL CHECKS, JUST PRECEDING YOUR ACCOUNT NUMBER. IF YOU ARE UNSURE ABOUT THE ROUTING NUMBER, PLEASE CONTACT YOUR FINACIAL INSTITUTION REPRESENTATIVE.

## EMPLOYEE AUTHORIZATION

I HEARBY AUTHORIZE HOPKINS COUNTY SCHOOLS TO INITATE CREDIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT.

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL HOPKINS COUNTY SCHOOLS HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD HOPKINS COUNTY SCHOOLS AND FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

**ALL CHANGES TO DIRECT DEPOSIT MUST BE RECEIVED 15 DAYS PRIOR TO THE PAYROLL DATE TO BE EFFECTIVE.**

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EMPLOYEE SIGNATURE	DATE
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**YOU MUST ATTACH A VOIDED CHECK AND/OR A DEPOSIT TICKET TO THIS FORM.**