



# 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 FINANCIAL 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.**

EMPLOYEE SIGNATURE

DATE

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