

Authorization Agreement for Direct Deposit

I hereby authorize Pickens County Board of Education to initiate credit entries to my account at the bank listed below.

Bank Information			
Bank Name:			
Bank Address:			
Account Information:	Type of Account:	Checking or	Savings
	Account Number:		
	Bank Routing#:		
This authorization is to rewritten notification from a		kens County Board of Ed	ucation has received
Name:		_ S.S.#:	
Signature:		Date:	
Email Address:			
I certify the identity of the	e person above has beer	n verified.	
Name of person certifying	;:		
Signature of person certify	ying:		_
Date certified:			

ATTACH A VOIDED CHECK