

Direct Deposit – Authorization Agreement

Check One

- ☐ New Authorization
☐ Authorization to Transfer to Another Depository (Bank)
☐ Change of Account Number
☐ Cancellation – (For Cancellation Do Not Supply Account Number and Transit ABA Number)

Company Name (Orange Board Of Education)

Company Address (school address)

I hereby authorize the Company to initiate by electronic means direct deposit (credit entries) of my net earnings to my ☐ Checking or ☐ Savings account in the entity named below ("Depository") and to initiate, if necessary debit entries and adjustments for any credit in error. I authorize the Depository (Bank) to accept and to credit and or debit the amount of such entries to my account.

Depository Name (Bank)

Branch

City

State

Zip Code

Transit / ABA Numbers
(Must be 9 Digits)

Account Number
(Enter Only Numbers, Letters & Hyphens)

If direct deposit is to a checking account, attach a voided blank personalized check. If direct deposit is to a savings account enter account number only. Your financial institution can help you complete this information.

Employee Name: (Print)

Date:

Employee Signature:
