

**DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT**

PLEASE COMPLETE ALL INFORMATION BELOW AND **ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION (not a deposit slip).**

I hereby authorize Monroe County Board of Education hereinafter called COMPANY, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. Additionally, I authorize the COMPANY to initiate any necessary debit reversal entries only for the correction of erroneous or duplicate entries previously credited to my account indicated on this form. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

Employee Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Primary Account:**

Financial Institution Name: \_\_\_\_\_

Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account (Check One) Checking \_\_\_\_\_ Savings \_\_\_\_\_

**ATTACH A VOID CHECK HERE!**

**Secondary Account:**

Financial Institution Name: \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account (Check One) Checking \_\_\_\_\_ Savings \_\_\_\_\_

Amount for Secondary Account \$ \_\_\_\_\_

- **THE FIRST PAYROLL AFTER ENROLLMENT IS PROCESSED AS A 'TEST' IF YOU ARE USING A BANK THAT WE DO NOT HAVE IN OUR SYSTEM. YOU WILL RECEIVE A 'REAL' PAYROLL CHECK IN THIS CASE. THE DIRECT DEPOSIT WILL ACTUALLY BEGIN ON THE SECOND PAYROLL FOLLOWING YOUR ENROLLMENT.**

Print individual name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_