



DIRECT DEPOSIT AUTHORIZATION
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)



Full Name: _____

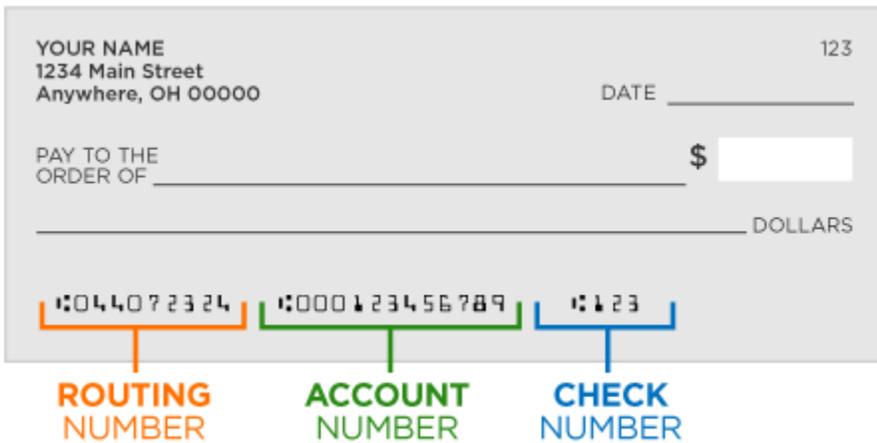
Primary Account:

Financial Institution Name: _____

Type of Account: _____

Account Number: _____

Routing Number: _____



Secondary Account:

Financial Institution Name: _____

Type of Account: _____

Account Number: _____

Routing Number: _____

Amount to be deposited: _____

Signature: _____ **Date:** _____

I hereby authorize the Tallapoosa County Board of Education, to initiate credit to my account indicated below at the depository/bank named below, to credit and/or debit the same to such account. This authorization is to remain in full force and effect until the Tallapoosa County Board of Education has received written notification from me of its termination in such time and in such manner as to afford the Tallapoosa County Board of Education and depository/bank a reasonable opportunity to act on it.

PLEASE ATTACH VOIDED CHECK OR INFORMATION FROM THE BANK WITH ROUTING AND ACCOUNT NUMBER