



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



Full Name: \_\_\_\_\_

**Primary Account:**

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

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

⑆044072324    ⑆000123456789    ⑆123

**ROUTING NUMBER**    **ACCOUNT NUMBER**    **CHECK 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