



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



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.

DEPOSITORY (BANK) NAME _____

CITY _____ STATE _____

CHECK ONE _____ Checking Account _____ Savings 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.

NAME (please print): _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

DATE: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACHED VOIDED CHECK HERE

(A FORM FROM THE FINANCIAL INSTITUTE WITH ACCOUNT AND ROUTING NUMBER CAN BE ATTACHED AS WELL)