

JEFF DAVIS COUNTY BOARD OF EDUCATION

*Payroll/Personnel
P.O. Box 1780
Hazlehurst, Georgia 31539*

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF NET PAY

SECTION I: *(Must be completed for all actions.)*

Employee: _____ Social Security Number: _____

Type of Action: Enrollment Change Re-enrollment

SECTION II: *(Must be completed for enrollment, change, or re-enrollment.)*

I hereby authorize the *Jeff Davis County Board of Education* to initiate credit entries to my account/s at the financial institution named below. I also authorize the necessary withdrawals from this account in the event that a credit entry is made in error.

1. _____ \$ _____ () checking () savings
(Name of Bank) (Amount)

(Routing Number) (Account Number)
2. _____ \$ _____ () checking () savings
(Name of Bank) (Amount)

(Routing Number) (Account Number)
3. _____ \$ _____ () checking () savings
(Name of Bank) (Amount)

(Routing Number) (Account Number)

A voided check or a voided deposit slip with my routing number and account number is attached to this form for the account to be deposited.

This authorization is to remain in full force and effect until the *Jeff Davis County Board of Education* has received written notification from the employee of the agreement termination in such time and in such manner as to afford the *Jeff Davis County Board of Education* and *Named Bank* a reasonable opportunity to respond to the request.

If there is a change in the bank or banking account, I understand that it is my responsibility to submit written notification of the change to the *Jeff Davis County Board of Education – Payroll/Personnel Office* in such time and in such manner as to afford the *Jeff Davis County Board of Education* and *Named Bank* the time needed to implement the change/s.

I understand that my participation in the Automatic Deposit of Net Pay Program is subject to the conditions listed on the reverse side of this form. Further, I agree not to hold *Jeff Davis County Board of Education* responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of the *Named Bank* in depositing funds to my account.

Employee Signature

Date

SECTION III *(Must be completed to discontinue enrollment.)*

I desire to **discontinue** participation in the Automatic Deposit of Net Pay Program, effective immediately.

Employee Signature

Date