



**HOPKINS COUNTY SCHOOLS
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

EMPLOYEE INFORMATION:

NAME SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP

ACCOUNT INFORMATION:

PLEASE SELECT ONE: CHECKING () SAVINGS ()

FINANCIAL INSTITUTION NAME

ADDRESS

CITY STATE ZIP

ROUTING NUMBER ACCOUNT NUMBER

EMPLOYEE AUTHORIZATION:

I HEREBY AUTHORIZE HOPKINS COUNTY SCHOOLS TO INITIATE CREDIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT.

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL HOPKINS COUNTY SCHOOLS HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH MANNER AS TO AFFORD HOPKINS COUNTY SCHOOLS AND FINANCIAL INSTITUTION A REASONALBE OPPORTUNITY TO ACT ON IT.

YOU MUST ATTACH A VOIDED CHECK WITH THIS FORM

EMPLOYEE SIGNATURE

DATE