

**Peach County Board of Education
Direct Deposit Agreement Form**

Beginning with the FY14 school year, all Peach County Board of Education employees will be required to participate in Direct Deposit. Each employee must provide a routing number and account number for a checking account, a savings account or a pre-paid bank card. The first month after the Direct Deposit information is received will be a pre-note to the bank and the employee will receive a paper check. Beginning the following month, funds will be direct deposited into the employee's account.

Name _____ Social Security Number _____

Work Location _____

Account Information

Choose One:

- Primary Direct Deposit
- Secondary Direct Deposit

Choose One:

- Checking
(Voided check must be attached)
- Savings
(Voided savings deposit slip must be attached)
- Pre-Paid Bank Card
(Form from the bank with account information must be attached)

Financial Institution _____

Routing Number

Account Number _____

- Entire check to be deposited Specific amount to be deposited _____

*****If neither option is chosen, the entire check amount will be deposited.*****

Authorization Agreement

I hereby authorize **Peach County Board of Education** to initiate automatic deposits to my account at the financial institution listed above. I also authorize **Peach County Board of Education** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Peach 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 my financial institution in depositing funds into my account.

This agreement will remain in effect until **Peach County Board of Education** receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Authorized Signature _____ Date _____

Please **STOP** my current Direct Deposit to my _____ primary and/or _____ secondary deposit to the account indicated:

Routing Number _____ Account Number _____

Financial Institution _____

Authorized Signature _____ Date _____