

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

Bath County Board of Education
405 West Main Street - Owingsville, Kentucky 40360
(606) 674-6314
FAX (606) 674-2647

Organization Name: **Bath County School District**

I hereby authorize BATH COUNTY SCHOOLS, hereinafter called DISTRICT, to initiate Direct Deposit of Payroll credit entries and necessary debit entries for adjustments to correct errors to my

CHECKING **SAVINGS ACCOUNT** (select only one) indicated at the depository name below, hereinafter called DEPOSITORY.

DEPOSITORY (BANK) NAME: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ ALT. _____

This authority is to remain in full force and effect until DISTRICT has received written notification from me of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE NAME _____

SOCIAL SECURITY# _____

MAILING ADDRESS _____

DATE _____ SIGNED _____

****PLEASE ATTACH A VOIDED CHECK OR AN OFFICIAL LETTER FROM YOUR BANK THAT INCLUDES ROUTING NUMBER AND ACCOUNT NUMBER****

PAYROLL USE ONLY

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

PAYROLL EFFECTIVE DATE: _____