

# DIRECT DEPOSIT FORM

Employee Name (Please Print)	Last 4 of Social	School/Dept	Date

<b>Authorization Agreement</b>		
<p>I hereby authorize Marion County Board of Education, hereinafter called SCHOOL SYSTEM, to initiate credit entries and if necessary, debit entries or adjustments for any credit entries in error to my checking or savings account listed below.</p> <p>This authority is to remain in full force and effect until the School System has received written notification from me of its termination in such time and in such manner as to afford the school system and bank a reasonable opportunity to act on it.</p>		
<b>Account Information for NET PAY DEPOSIT ONLY</b>		
Name of Financial Institution:		
Routing Number:	Enroll / Change <input type="checkbox"/> <input type="checkbox"/>	Cancel <input type="checkbox"/>
Account Number:	Checking / Savings <input type="checkbox"/> <input type="checkbox"/>	100.00 %
<b>Account Information for PARTIAL PAY DEPOSIT ONLY</b>		
Name of Financial Institution:		
Routing Number:	Enroll / Change <input type="checkbox"/> <input type="checkbox"/>	Cancel <input type="checkbox"/>
Account Number:	Checking / Savings <input type="checkbox"/> <input type="checkbox"/>	Amount \$
<b>Signature</b>		
By signing below, I acknowledge that I have read the authorization agreement and agree to comply with all of the terms and conditions as stated.		
<b>Authorized Signature:</b>		

**Please attach a voided check below or document proof of your account number and financial institutions transit/ABA routing number for your direct deposit account. DO NOT ATTACH A DEPOSIT SLIP.**

