

LIBERTY COUNTY SCHOOL BOARD
FINANCE DEPARTMENT

AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

I authorize the Liberty County School Board and the financial institution named below to initiate entries to my checking account. This authority will remain in effect until I notify the payroll department in writing, to cancel it in such time as to afford a reasonable opportunity to act on it.

(Financial Institution)

(Financial Institution Routing #)

(Bank Address)

(City) (State)

(Signature)

(Printed Name) (Date)

(Checking Account #)

(Social Security #)

ATTACH A VOIDED CHECK WITH THE COMPLETED APPLICATION AND RETURN TO RANZA TAYLOR OR VICKY SHULER IN THE FINANCE DEPT.

<u>FOR PAYROLL USE ONLY:</u>			
Received: _____	Bank # _____	Effective Date: _____	Posted by: _____