

**GUILFORD COUNTY SCHOOLS
DIRECT DEPOSIT**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDIT)

CHECK ONE: **CHECKING** _____ (attach a blank voided check)
 SAVINGS _____ (attach a blank voided deposit slip)

I hereby authorize Guilford County Schools, hereinafter called COMPANY, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called the DEPOSITORY, to credit same to such account on my normal payroll day(s) of each month. I hereby understand that this authorization will remain in full force and effect until I notify the COMPANY and DEPOSITORY in writing that this service is no longer desired, allowing both the COMPANY and DEPOSITORY reasonable time to act on such notification.

I also understand that if erroneous credit amounts posted to my account necessitate a correction, it may involve an adjustment (debit OR credit) to my account.

DEPOSITORY NAME: _____

DEPOSITORY BRANCH, IF ANY: _____

CITY AND STATE: _____

BANK TRANSIT/ABA #: _____

BANK ACCOUNT #: _____

NAME: _____

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY #: _____ - _____ - _____

SCHOOL/DEPARTMENT: _____

NOTE: INITIATING OR CHANGING EXISTING DIRECT DEPOSIT INFORMATION WILL TAKE 6-8 WEEKS.

SEE REVERSE OF FORM FOR ADDITIONAL INFORMATION