

## AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Perry County Board of Education  
315 Park Avenue  
Hazard, KY 41701

I hereby authorize the Perry County Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

ACCOUNT INFORMATION (Where you want you check deposited)

FINANCIAL INSITUTION NAME: \_\_\_\_\_

FINANCIAL INSTITUTE ADDRESS: \_\_\_\_\_

FINANCIAL INSTITUTE PHONE #: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING # \_\_\_\_\_

TYPE OF ACCOUNT:  Checking  Savings

ACCOUNT # \_\_\_\_\_

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PLEASE ATTACH A COPY OF CHECK HERE (WRITE VOID ON THE CHECK)

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_