

Washington County Board of Education
510 Industrial Drive – P O Box 716 – Sandersville, GA 31082

Authorization Agreement for Additional Direct Deposit

Section 1 (Must be completed for all actions)

Name of Employee _____

Social Security Number _____ - _____ - _____

Type of Action: Enrollment Re-enrollment Change Discontinue Enrollment

Section 2 (Must be completed for enrollment, re-enrollment, or change)

Amount of Deduction _____

I hereby authorize the Washington County Board of Education to deposit the above stated amount directly into my checking or savings account with:

(Name of Bank)

NOTE: Be sure to attach a voided check or deposit slip with the account number circled.

I agree that the Amount of Deduction listed above will be deducted from my paycheck each month and deposited directly into the account referenced above. I also understand if I change banks or my bank account, or if I choose to discontinue my participation in the Direct Deposit program, it is my responsibility to submit immediately a written notification of the change to the Washington County Board of Education Payroll Department.

Employee Signature

Date

Section 3 (Must be completed to discontinue enrollment in the Direct Deposit program effective immediately)

Employee Signature

Date