

Authorization Agreement for Direct Deposit

I, _____, hereby authorize Colleton County School District to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any credit entries made in error to my account as indicated below. I also authorize the depository to credit and/or debit the same such account.

I agree to provide Colleton County School District with a deposit slip or a voided check to initiate this transaction.

Bank Name

Account Number

Bank Location

_____ Checking

_____ Savings

This authority is to remain in full force and effect until Colleton County School District has received written notification from me of its termination in such time and such manner as to afford Colleton County School District and the depository a reasonable opportunity to act on it.

Name (Print or type)

Social Security Number

Date

(Signed)