

SIGN/UP AUTHORIZATION FORM
LaRue County Board Of Education

Authorization Agreement for Automatic Deposit

Employer: **LaRue County Board of Education** Location: _____

I hereby authorize by Employer (named above) to initiate credit entries, and to initiate, if necessary, debit entries and adjustments to my payroll if an error occurs to my (our) account or accounts listed below.

Signature

Financial Institution Name	*Transit ABA Number	Account Number	Type of Account (pick only one)	
			Checking	Savings
1.			%	%
2.			%	%
3.			%	%

This authority is to remain in full force until the Employer has received written notification from me (or either of us) of its termination in such time manner as to afford Employer and Financial Institution a reasonable opportunity to act on it.

Name:	SS Number:
Date:	Signature:

**Nine digit number that appears on the bottom of a check or deposit slip.*

PLACE VOIDED CHECK HERE