



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the Boyle County Board of Education and the financial institution listed below to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account listed below:

Checking Savings Account

Financial Institution					
City		State		Zip	
Account Number					

This authority is to remain in effect until the Boyle County Board of Education has received written notification from me of its termination in such time and in such manner as to afford the Boyle County Board of Education and the financial institution a reasonable opportunity to act on it.

Name (please print)			
Signature		Date	

If at anytime you should have a change in banking information, please complete a new authorization agreement and attach a voided blank check.

Please attach a voided blank check here.