Dickenson County School Board

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Dickenson County School Board to initiate automatic deposits to my account at the financial institution named below. I also authorize Dickenson County School Board to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Dickenson County School Board responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

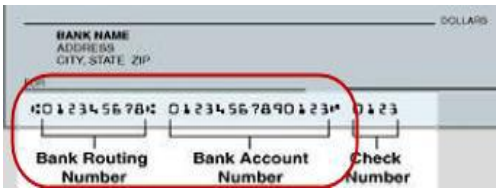
This agreement will remain in effect until Dickenson County School Board receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Institution_____

Acct #_____

Routing # _____



Signature

Authorized Signature (Employee): _____ Date: _____

Email Address: _____