

**Agreement for Direct Deposit Authorization Form**

**Columbus County Schools  
P.O. Box 729  
Whiteville, N.C. 28472**

<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECLINE
			_____ Signature/Date

**(Please Print)**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **School:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Bank Location:** \_\_\_\_\_

<b>FOR DEPOSIT TO (indicate <i>ONLY</i> one):</b>	
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT

*I hereby authorize Columbus County Schools and the financial institution shown to deposit my pay directly to my account each pay period. If funds to which I am not entitled are deposited to my account, I authorize Columbus County Schools to direct the bank to return said funds.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**ATTACH A VOIDED CHECK OF CHECKING ACCOUNT OR A DEPOSIT SLIP OF SAVINGS ACCOUNT  
(Central Office Use Only)**

**ATTACH  
Voided Check or Deposit Slip**