

**AUTOMATIC BANK DEPOSIT AUTHORIZATION**  
**Complete and return to Payroll Department**  
**Attach a VOIDED check**

Please Type or Print

Employees Name	Last	First	M	Social Security Number
Home Address	Street	City		Zip Code

I hereby authorize the School Board of Putnam County to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my: (select one) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account indicated below and the financial institution named below to credit and/or debit the same to such account.

FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_ \_ (9 Positions) ACCOUNT NUMBER: \_\_\_\_\_

PLEASE CHECK ONE:

I AM A \_\_\_\_\_ 10 MONTH \_\_\_\_\_ 11 MONTH \_\_\_\_\_ 12 MONTH EMPLOYEE.

This authority is to remain in full force and effect until the School Board of Putnam County has received written notification from me of its termination in such time and manner as to afford the Board and the financial institution a reasonable opportunity to act on it. I understand my entire net pay will be deposited each pay period.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_