



**Authorization Agreement
for Direct Deposit**

I hereby authorize Pickens County Board of Education to initiate credit entries to my account at the bank listed below.

Bank Information

Bank Name: _____

Bank Address: _____

Account Information: Type of Account: _____Checking **or** _____Savings
 Account Number: _____
 Bank Routing#: _____

This authorization is to remain in effect until Pickens County Board of Education has received written notification from me of its termination.

Name: _____ S.S.#: _____

Signature: _____ Date: _____

Email Address: _____



I certify the identity of the person above has been verified.

Name of person certifying: _____

Signature of person certifying: _____

Date certified: _____

ATTACH A VOIDED CHECK