

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

(Any alterations to the form will make it null and void)

All newly hired or rehired employees on or after October 1, 2008 shall be required to enroll in the direct deposit feature within thirty (30) days of hire or rehire.

I, _____ hereby authorize the Baldwin County Board of Education ("the Board") to deposit my **monthly/semi-monthly** payroll payments directly into my **checking or savings** account indicated below in the Deposit Instructions and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposit by the Board under this Authorization.

I further hereby authorize and instruct the financial institution named below ("the Institution") to accept such automatic deposit to or withdrawals from my account by the Board and to cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Board without any responsibility for the correctness of any such deposit or withdrawal.

Institution _____

ATTACH A VOIDED CHECK TO WHICH SUCH AUTOMATIC DEPOSITS ARE TO BE MADE OR A DIRECT DEPOSIT FORM FROM YOUR BANK. IF ONE OF THE REQUIRED FORMS IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.

DEPOSIT INSTRUCTIONS

(Please check only one box)

Please deposit my payroll check to my checking account number _____

(OR)

Please deposit my payroll check to my savings account number _____

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Board and the Institution. My cancellation will become effective as when the Board receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account by the Board up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the Institution when the Institution receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account by the institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Board and the Institution governing accounts and preauthorized transfers to and from accounts.

I hereby state that I received a complete copy of this authorization on the date I signed this authorization.

NAME: _____ SOCIAL SECURITY #: _____

SIGNATURE: _____ SCHOOL/DEPT: _____

EMPLOYEE #: _____ DATE: _____ PHONE: _____

BCBE EMAIL ADDRESS: _____

☐ Check here if you do not have a BCBE Email Address because your job does not require one.

(All fields above are necessary for completion or form will **NOT** be processed.)