

**RUSSELLVILLE INDEPENDENT BOARD OF EDUCATION
PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize Russellville Board of Education to initiate deposits to **either** my Checking or Savings accounted indicated below at the financial institution named below:

<u>CHECKING ACCOUNT</u>	
NAME OF FINANCIAL INSTITUTION: _____	
ADDRESS (IF NOT A LOCAL BANK) _____	
CITY _____	STATE _____
ACCOUNT NUMBER _____	

(OR)

<u>SAVINGS ACCOUNT</u>	
NAME OF FINANCIAL INSTITUTION: _____	
ADDRESS (IF NOT A LOCAL BANK) _____	
CITY _____	STATE _____
ACCOUNT NUMBER _____	

This authorization is to remain in full force and effect until I notify, in writing, the Finance Department at Russellville Board of Education that I wish to terminate the agreement with the above named institution. I understand that I need to give Russellville Board of Education and my financial institution reasonable opportunity to act upon my request. Changes in the Payroll Direct Deposit Authorization Agreement should be submitted not less than **14 days** in advance of the payroll date to be effective with the current payroll. **If payment is made in error to the account listed above, I authorize Russellville Board of Education to initiate a debit entry to the account to correct the error.**

NAME (PRINT NAME) _____ SSN _____

SIGNATURE _____ DATE _____

ATTACH A VOIDED CHECK FOR THE CHECKING ACCOUNT TO BE CREDITED.

OR

ATTACH A DEPOSIT SLIP FOR THE SAVINGS ACCOUNT TO BE CREDITED.