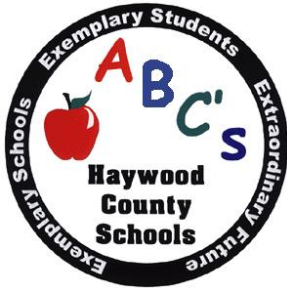


HAYWOOD COUNTY SCHOOLS



1230 North Main Street
Waynesville, NC 28786
828-456-2400

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Haywood County Consolidated School System** to make deposits to my account as indicated below. I also authorize any necessary debit entries or adjustments for entries made in error to my account.

Further, I agree not to hold **Haywood County Consolidated School System** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Haywood County Schools** receives a written notice of cancellation from me.

Instructions: Complete all items and return to the Payroll Department. The deposit information will be confirmed through the banking system prior to the first automatic deposit. Payroll checks should be expected until you receive the initial notice of deposit from the bank.

Account Information

First and Last Name: _____

Social Security Number: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking Savings

Signature

Authorized Signature _____ Date: _____

Please bring a voided check or direct deposit bank statement.