

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Garrett County Board of Education to initiate payroll credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my financial institution account indicated below and authorize them to credit and/or debit the same to such account.

- Checking (Attach voided check)

- Savings (Attach voided deposit slip)

Financial Institution:	
Address of Financial Institution:	
Name of Account Holder:	
Social Security Number:	
Print or Type Name:	
Street Address:	
City:	
State:	Zip:
Home Phone:	
Signature:	Date: