____New Application ____Account Change ____Bank Change

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize the Catoosa County Board of Education to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the Board of Education is notified by me (us) in writing to cancel it in such time as to afford the Board and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution		
Address of Financial Institution – Branch, City, S	tate & Zip	
	SSNWo	rk Loc
Employee Name – PLEASE PRINT		
Employee Address – PLEASE PRINT		
Employee Signature	Date	
SUBSTITUTES MUST USE HOME EMAIL A	ADDRESS FOR DIRECT DEPOS	IT
Account Number:	Check One:	CheckingSavings
Financial Institution Routing Number: (Look between these symbols : : on the bottom l		
A VOIDED CHECK <u>MUST</u> BE ATTACHED BI CREDITED/DEBITED FOR THE DIRECT DEP		UWISH TO BE