_____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, State & Zip

_____SSN_____-____-_____ Work Loc_____

Employee Name – PLEASE PRINT

_____

Employee Address – PLEASE PRINT

_____ _____

Employee Signature Date

_____

SUBSTITUTES MUST USE HOME EMAIL ADDRESS FOR DIRECT DEPOSIT

Account Number: _____Check One: ☐Checking ☐Savings

Financial Institution Routing Number: _____

(Look between these symbols |: :| on the bottom left of your check)

PLEASE STAPLE A VOIDED CHECK BELOW FOR THE ACCOUNT YOU WISH TO BE CREDITED/DEBITED.