

Corbin Board of Education
Authorization Agreement for Direct Deposit of Payroll

Employer: Corbin Independent Schools
108 Roy Kidd Avenue
Corbin, Kentucky 40701

I hereby authorize my employer (named above) to initiate credit entries, and to initiate, if necessary, debit entries and adjustments to my payroll if an error occurs to my account listed below.

This authorization agreement is to remain in full force and effect until the Corbin Board of Education has received written notification from me or its termination in such time and manner as to afford the Corbin Board of Education and the depository a reasonable opportunity to execute the termination.

Please list below the name, address, and telephone number of the bank that you want your check deposited in.

Bank Name _____

Address _____

Phone Number _____

Please list the account number and check the type of account that your check should be deposited in below. **Attach a deposit slip or voided check with your account number on it.**

Account Number _____

Please Circle One Checking Account

Savings Account

Name _____ Social Security Number _____

Signature _____ Date _____

*****When signing up for direct deposit, or changing your direct deposit account information, you will receive a check the payroll immediately following the change. Your second pay after the change will be Direct Deposit.**