

**NELSON COUNTY SCHOOLS
DIRECT DEPOSIT ENROLLMENT FORM**

The authorization form provided below gives the Nelson County Board of Education and your financial institution authority to deposit your pay to your account.

1. Mark the line before type of account, to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name, financial institution name and location, and the date.
3. A voided check **MUST BE ATTACHED (deposit slips are not acceptable)** for verification of all financial institution information.

NOTE: BE SURE TO SIGN THE FORM!!!

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

EMPLOYEE NAME _____ **SOC SEC#** _____

E-Mail Address _____

New Employee **Direct Deposit Change**

I hereby authorize the Nelson County Board of Education, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my _____ checking _____ savings account (select One) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA NO _____ **ACCOUNT NO.** _____

(The first 9 digits on the bottom left of your check)

(The 7 digit number on the bottom middle of your check)

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date _____ **Signed** _____

SPECIAL NOTATION _____

Date Entered _____ **Prenote** _____ **1st Check Transfer** _____