

**GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG, VA 24134**

DIRECT DEPOSIT AUTHORIZATION FORM

This is an authorization agreement for automatic deposits and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is to remain in full force and effect until otherwise noted.

Name _____

School _____

Employee Number _____

Email Address _____

Bank Name and Address _____

Account Number _____

Please circle one (Savings OR Checking)

I wish to have my paychecks directly deposited in my specified bank account. I understand that I must notify the payroll specialist 30 days in advance to make changes to my current account and that the bank I use must be a participant in the Automated Clearinghouse (ACH).

Signature _____ **Date** _____

ATTACH VOIDED CHECK HERE