

WILLIAMSON COUNTY SCHOOLS
1320 West Main St., Suite #202
Franklin, TN 37064-3706

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize Williamson County Schools, hereinafter called **SCHOOL SYSTEM**, to initiate credit or debit entries (through the Automated Clearing House) to my account(s) indicated below, at the bank(s) below, hereinafter called the Depository Financial Institution.

1) DFI (BANK) _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

(Number in far left corner of check)

Account Type: Check only one. () Checking () Savings

Bank one is for net amount of check.

2) DFI (BANK) _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

(Number in far left corner of check)

Account Type: Check only one. () Checking () Savings

Bank two is for set dollar amount only.

DOLLAR AMOUNT: \$ _____

(Do not include cents)

Please tape a **VOIDED CHECK(S) ONLY** to the DFI (BANK) named above below.

I understand that **ALL** earned salary issued by the **SCHOOL SYSTEM** will be handled in this manner and that I may not change this decision more than **ONCE IN ANY 12 MONTH PERIOD**. I also understand that the **SCHOOL SYSTEM** may revoke this authorization by notifying the participants. This authorization is to remain in full force and effect until the **SCHOOL SYSTEM** has received written notification from me of its termination in such time and in such manner as to afford the **SCHOOL SYSTEM AND DFI** a reasonable opportunity to act on it.

Name _____ SS# _____ Emp# _____

School _____ Assignment _____

Signature _____ Date _____