Authorization Agreement for Automatic Deposits-Credits

--Allow two pay periods for direct deposit to start
--Please attach a voided check or savings deposit slip for verification

SOCIAL SECURITY NUMBER	SCHOOL NAME	YOUR NAME

ACCOUNT NUMBER	CHECKING (or) SAVINGS (circle one)	BANK ROUTING NUMBER

Please check ONE box: **Enrollment** ☐ **Cancellation** ☐ **Change** ☐

I hereby authorize the Howard County Board of Education to deposit my net salary to my ☐ checking

or ☐ savings account described above and the _____ (hereinafter called
(name of bank)
"Bank" to credit same to such account.

This Authorization Agreement is to remain in full force and effect until my employer and the Bank each have received written notification of its termination from me, in such manner as to afford my employer and/or the Bank, as the case may be, a reasonable opportunity to act on it. This Authorization Agreement may also be terminated by my employer.

In the event that the Payroll Department notifies the Bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the Bank to return said funds to the Payroll Department of my employer as soon as possible.

Signed: _____ **Date:** _____