PRINCE GEORGE COUNTY SCHOOL BOARD DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Prince George County School Board to iniate credit entries to the account(s) listed below, and the depository (ies) to credit the same to such account(s). I also authorize the Prince George County School Board to draw drafts on my account(s) for the purpose of withdrawing money from my account(s), but <u>solely in order to adjust an error</u> resulting from a deposit or credit that has been made under this authorization in an amount that is not correct. The depository shall not be held liable for honoring any draft, debit entry of withdrawal initiated by the Prince George County School Board. I agree to provide written notification to the Prince George County School Board by the 10th of the month for any changes to occur, <u>except for June, July and August.</u>

PLEASE ATTACH A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED BELOW

rint Name	Signature	Signature Date	
Bank Name Transit Routing Number Account Number			
	Check One:		
		Checking Savings Fixed Amt \$ Net Pay	
ANY NEW ACCOUNT OR CHANGE TO A	A DIFFERENT ACCOUNT REQU	IRES 2 MONTHS TO	IMPLEMENT
New	Change		Stop
^^^^^^		^^^^^	^^^^^
	Check One:		
Bank Name		Checking Savings	
Transit Routing Number		Fixed Amt \$ Net Pay	
Account Number			
ANY NEW ACCOUNT OR CHANGE TO A	A DIFFERENT ACCOUNT REQU	IRES 2 MONTHS TO	IMPLEMENT
New	Change		Stop
^^^^^		^^^^^	^^^^^
	Check One:		
Bank Name		Checking Savings	
Transit Routing Number	<u></u>	Fixed Amt \$	
Account Number		Net Pay	
ANY NEW ACCOUNT OR CHANGE TO A	A DIFFERENT ACCOUNT REQU	IRES 2 MONTHS TO	IMPLEMENT
New	Change		Stop
Entered by	Date Entered	·	