

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Jackson County School District to initiate automatic deposits to my account at the financial institution named below. I also authorize Jackson County School District to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Jackson County School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Jackson County School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Business Office.

Employee Information

Legal Employee Name: _____ Check all that apply:
Last 4 of Social Security Number: _____ Payroll
Employee ID (Office Use): _____ Reimbursements
Phone Number: _____
Email address: _____

Bank Account Information (Employee Must be on Account)

Bank Name: _____
Routing Number: _____ Choose one:
Account Number: _____ Checking | Savings

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check, savings card, or deposit slip and return this form to:

JCSD Business Office
4701 Colonel Vickrey Rd
Vanceleave, MS 39565

If you have any questions please call (228) 826-4842 for further assistance.