

Dr. Aaron G. Geter Jr.  
Superintendent



Dr. Virginia Rozier  
Assistant Superintendent

Takarah Dupree  
Finance Director

## WILKINSON COUNTY BOARD OF EDUCATION

### Direct Deposit Authorization

I hereby authorize the Wilkinson County Board of Education, hereinafter called COMPANY, to initiate credit entries for payroll to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number)  Checking  Savings

The authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Printed Individual Name) (Signature)

\_\_\_\_\_  
(Individual Social Security Number) (Date)

PLEASE ATTACH A COPY OF A VOIDED CHECK.

**FOR PAYROLL DEPARTMENT USE ONLY**  
Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_