

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



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS/WITHDRAWALS
(ACH CREDITS / ACH DEBITS)

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) Bank one is for net amount of check: *(Attach Voided Check)*

DFI (Bank Name): _____

Routing Number: _____
(Number in far left corner of check)

Account Number: _____

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

2) Bank two is for set dollar amount only (optional): *(Attach Voided Check)*

DFI (Bank Name): _____

Routing Number: _____
(Number in far left corner of check)

Account Number: _____

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

DOLLAR AMOUNT: _____
(Do not include cents)

I understand that **ALL** earned salary issued by the **SCHOOL SYSTEM** will be handled in this manner. 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 (BANK)** a reasonable opportunity to act on it.

****PLEASE NOTE: This process may take up to two weeks before it becomes effective.****

Name: _____ **SS#** _____ **Employee #:** _____

Current Address: _____

Signature: _____ **Date:** _____