

AUTHORIZATION FOR AUTOMATIC DEPOSITS FOR EMPLOYEE TRAVEL

(Any alterations to the form will make it null and void)

In an effort to streamline some accounts payable operations, Baldwin County will now be processing employee travel checks through direct deposit.

I, _____, hereby authorize the Baldwin County Board of Education ("the Board") to deposit any travel payments due me directly into my **checking or savings** account indicated below in the Deposit Instructions and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposit by the Board under this Authorization.

I further hereby authorize and instruct the financial institution named below ("the Institution") to accept such automatic deposits to or withdrawals from my account by the Board and to cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Board without any responsibility for the correctness of any such deposit or withdrawal.

Institution _____

DEPOSIT INSTRUCTIONS
(Please check only one box)

Please deposit my travel check to my checking account number _____

(OR)

Please deposit my travel check to my savings account number _____

Attach a voided check for the account to which such automatic deposits are to be made or form will not be processed.

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Board and the Institution. My cancellation will become effective as to the Board when the Board receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Until cancellation is final, automatic deposits to or withdrawals from my account by the Board shall be authorized by this form. My cancellation of this authorization will become effective as to the Institution when the Institution receives my notice of cancellation and has had a reasonable period of time to act. Until cancellation is final, automatic deposits to or withdrawals from my account by the Board shall be authorized by this form.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Board and the Institution governing accounts and preauthorized transfers to and from accounts.

NAME _____ EMPLOYEE NUMBER _____

SIGNATURE _____ School/Dept _____

DATE _____ BCBE EMAIL ADDRESS _____

Check here if you do not have a BCBE Email Address because your job does not require one.