



**NELSON COUNTY BOARD OF EDUCATION**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Name \_\_\_\_\_ Last 4 digits of Soc Sec # \_\_\_\_\_

I (we) hereby authorize the Nelson County Board of Education, to initiate debit entries to my (our) \_\_\_\_\_ (Select One)

\_\_\_\_Checking Account or \_\_\_\_Savings Account

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing # \_\_\_\_\_ Acct. # \_\_\_\_\_

Amount Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yrly \$ \_\_\_\_\_

This authorization is to remain in full force and effect until the Nelson County Board of Education has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Nelson County Board of Education and DEPOSITORY a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Joint \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY.**