



MACON COUNTY SCHOOLS

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Superintendent

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DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Macon County Board of Education to initiate Direct Deposit to my account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions made in error. I understand that it is my responsibility to notify the Central Office Payroll Department if I change my Financial Institution for Direct Deposit purposes.

Name of Financial Institution

Location

Routing Number: _____

Account Number: _____

Checking Savings
(Circle One)

Employee Signature: _____

Date

Employee Name: _____
Please Print

Please attach either a copy of a voided check or deposit slip.