

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Anson County Schools
320 Camden Road, Wadesboro, NC 28170 704-694-4417

Name: _____ SS# _____
Address: _____ Phone# _____
City: _____ State _____ Zip Code _____

New (Check for first time direct deposit)
Change (Check here if you are changing your bank or bank account)
Address or Name (Check here if you are changing your name or address)

INSTRUCTIONS: Complete all items and return to the above address. Be sure to sign and date in the spaces provided below. Any authorization or change in your direct deposit received after the 15th of the month cannot be made effective until the following month. A notice of deposit will be sent to you each time a deposit to your account is made.

Check Bank:	Bank #
Uwharrie Bank	053111690
Truist Bank	053101121
First Bank	053104568
PNC	054000030
Suntrust	061000104
State Employees Credit Union	253177049
State Employees Credit Union-Local Government	253184537
Other (Specify) _____	

FOR DEPOSIT TO (Check one)

☐ Checking Account

☐ Saving Account

ATTACH A BLANK VOIDED COPY OF YOUR PRINTED CHECK

Name of Bank	_____		
Bank Address	_____		
	(City)	(State)	(Zip Code)
Bank Transit/ABA No.	Your Bank Account No.		
_____ - _____	_____		

I authorize Anson County Schools to make deposits to my account as indicated.
I also authorize any necessary debit entries or adjustments for entries made in error to my account.

Signature: _____ Date: _____