



Lincoln County Schools

Jeff Midkiff
SUPERINTENDENT

ASSISTANT SUPERINTENDENT

Lincoln County Schools Authorization Agreement for Direct Deposit

Employee Information:

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Information:

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing Number:* _____ Account Number: _____

Employee Authorization:

I hereby authorize Lincoln County Schools to direct deposit my check. This authorization is to remain in full force and effect until Lincoln County Schools has received written notification from me of its termination in such time and in such manner as to afford Lincoln County Schools reasonable opportunity to act on it.

All changes to direct deposit must be received 10 days prior to the payroll date to be effective. I will notify the Finance Department when I change banks or change my bank account number.

Employee Signature _____ Date _____

***** You must attach a voided check to this form.**