AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

I/we hereby authorize TULARE COUNTY OFFICE OF EDUCATION to initiate credits to my(our) account indicated below, and authorize the financial institution indicated below ("Financial Institution") to credit my(our) account with the amount thereof.

Check One: ❒ **NEW** ❒ **CHANGE**** ❒ **CANCEL**

District Name: **TULARE COUNTY OFFICE OF EDUCATION** District Number: **66** **H.R. Approval:** ☐

Employee's Name:_____ S.S.#:_____

Check One: ❒ **CHECKING (23) Attach a voided check to this form**

❒ **SAVINGS (33) Attach a copy of bank statement OR membership card and complete the following:**

****Any change(s) on your automatic deposit, a check will be issued until the new change(s) take effect.**

Financial Institution: _____ Branch: _____

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until Financial Institution has received written notification from me (or either of us) of its termination and Financial Institution has had a reasonable opportunity to act on it; or until Financial Institution has sent me (or either of us) ten (10) days written notice of Financial Institution's termination of this arrangement.

Employee's Signature:_____ Date: _____

Return to the Tulare County Office of Education/External Business Division. Please allow 6-8 weeks to take effect.