

**BARREN COUNTY BOARD OF EDUCATION
202 WEST WASHINGTON ST.
GLASGOW, KY 42141**

ATT: PERSONNEL DEPARTMENT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME BARREN COUNTY BOARD OF ED COMPANY ID NUMBER 616001283

I (we) hereby authorize **BARREN COUNTY BOARD OF EDUCATION**, hereinafter called COMPANY, to initiate credit entries to my (our) () Checking () Saving account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY
1. NAME _____
2. CITY _____ STATE _____
3. ROUTING NO. _____ 4. ACCOUNT NO. _____

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

5. NAME _____ (please print) 6. DATE _____

7. SIGNATURE _____

Note: Please attach a voided check.

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Those employees who do not have a checking account will be contacted individually.