



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

1. EMPLOYEE NAME: _____

2. SOCIAL SECURITY NUMBER: _____ - _____ - _____

3. ACCOUNT INFORMATION

**FIRST COMMUNITY CREDIT UNION
BANK NUMBER: 264178671**

ACCOUNT NUMBER INFORMATION: _____

SAVINGS: _____ **CHECKING:** _____

AMOUNT TO BE DEPOSITED TO THIS ACCOUNT EACH PAY PERIOD: NET

I hereby authorize *Maury County Board of Education* to deposit these deductions automatically to my account(s) at the financial institution indicated. I understand this agreement may be terminated by me upon proper execution of another authorization agreement.

Employee Signature

Date