

**Barbour County Board of Education  
45 School Street, Philippi , WV 26416  
304-457-3030**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I hereby AUTHORIZE Barbour County Board of Education, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name Branch Location Address, City, State	Depository's Transit (Routing) ABA#	Account Type Checking/Savings	Account Number	Dollar Amount (if more than one account is chosen)

NAME: \_\_\_\_\_

EMPLOYEE ID# (not SSN): \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\* A voided check from your checking account(s) and/or a withdrawal slip from your savings account(s) **MUST BE ATTACHED** for verification.