

# TRAVEL EXPENSE REIMBURSEMENT

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Jefferson 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/ABA # Routing Number	Account Type (Checking or Savings)	Account Number	Dollar amount (if more than one account chosen)

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

PRINT NAME \_\_\_\_\_ \*EMAIL ADDRESS \_\_\_\_\_

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

Attach a voided check from your checking account(s) and/or withdrawal slip from your savings account(s) for verification.

**\*Email address required as check stubs will be emailed to the email address provided.**