SEQUATCHIE VALLEY PLANNING & DEVELOPMENT AGENCY
Sequatchie Valley Head Start
P.O. Box 769
South Pittsburg, TN 37380

PAYROLL

AUTHORIZATION FOR ELECTRONIC FUNDS DEPOSIT

Name _____
Last First M. Initial

For Company Use Only

Address _____

Employee I.D. _____

Set Up Date _____

Social Security # _____

Other _____

Phone Number _____

I hereby authorize the Bank of SVPDA to transfer payroll/expense funds to my account maintained at the following institution:

_____ # _____ _____
Name of Bank ABA Number

_____
Bank Address

Type of Account	Account Number	Amount
_____ Checking Account	_____	_____
_____ Savings Account	_____	_____

I have read the rules governing this banking agreement as outlined on this statement and I agree to comply therewith.

SIGNATURE: _____ **DATE:** _____

RULES GOVERNING THE DEPOSIT OF SALARY PAYROLL CHECKS
1. Effective Date will be approximately one pay period following by the Payroll Office
2. Changes in banks or account numbers are to be reported immediately.

ACH Authorization1.doc

Attach Voided Check Here.