

UNION COUNTY EDUCATIONAL  
SERVICES COMMISSION

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the Union County Educational Services Commission to initiate through Columbia Bank credit entries or corrective debit entries to my account indicated below with the depository named below. I also hereby authorize the depository to credit or debit, as the case may be, such entries to my account.

**EMPLOYEE SECTION MUST BE COMPLETED IN FULL  
INCOMPLETE FOREMS WILL NOT BE PROCESSED**

Employee Name:	_____
Employee Address:	_____ _____
Employee Social Security Number:	_____
Employee School/Program:	_____
Employee Position:	_____

***FOR CHECKING ACCOUNTS PLEASE ATTACH A VOIDED CHECK***

Bank Name:	_____
Bank Address:	_____ _____
Bank Routing #:	_____
Bank Account #:	_____
Type of Account:	Checking [ <input type="checkbox"/> ]                      Savings [ <input type="checkbox"/> ]

This authority is to remain in full force and effect until the Union County Educational Services Commission has received written notification from me of its termination or until otherwise terminated by the UCESC or Columbia Bank.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_ P/N \_\_\_\_\_ D/D \_\_\_\_\_