GARRETT COUNTY BOARD OF EDUCATION

EMPLOYEE ELECTRONIC FUNDS TRANSFER FORM

ACCOUNTS PAYABLE

Employee Information

_____ _____ _____

First Name Last Name Employee Number

_____

Street Address

_____ _____ _____

City State Zip

_____ _____

Remittance Email Contact Phone Number

Financial Institution Information

_____ _____

Bank Name Bank Phone Number

_____

Street Address

_____ _____ _____

City State Zip

_____ _____

Employee Account Number Bank Routing Number

Account Type (circle one) ◯ Checking ◯ Savings

Please attach a voided check for Checking or deposit slip for Savings

I hereby authorize the Garrett County Board of Education to initiate accounts payable credit entries to my financial institution account indicated above.

_____ _____

Signature Date