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 _____