

**LAWRENCE COUNTY BOARD OF EDUCATION
DIRECT DEPOSIT POLICY
ACKNOWLEDGEMENT FORM**

I acknowledge that I have had the opportunity to review the Lawrence County Board of Education Direct Deposit Policy and agree to abide by its terms. I understand that a copy of the policy is available at the central office and that I can review the policy at any time. I understand that it is my responsibility to ask the payroll department for clarification of any points that may be unclear.

I understand that this Policy can be amended by Lawrence County Board of Education at any time.

_____ Employee Signature

_____ Print Name

_____ Date