

Bellefonte Area School District - Direct Deposit Authorization Form

Employee Name: _____

I would like my paycheck deposited directly into my account. Here is my authorization for direct deposit.
I hereby authorize the Bellefonte Area School District to initiate payroll credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account indicated below and authorize them to credit and/or debit the same to such account.
This direct deposit authorization is to remain in full force and effect until the School District has received written notification from me of its termination in such time and in such manner as to afford the School District and its financial institute opportunity to act on it.

Primary Account Information: Checking: _____ Savings: _____
Bank Name: _____

A void check or bank information must be attached to verify routing and account numbers.

You may direct deposit into a maximum of two accounts. If you are direct depositing into two accounts you must have an even dollar amount set up for one of the accounts. The balance of your net payroll will automatically deposit into the other account.

Secondary Account Information: Checking: _____ Savings: _____
Bank Name: _____

A void check or savings deposit must be attached to verify routing and account numbers.

**** Set an EVEN dollar amount for this Secondary Account** \$ _____
If no \$ amount provided with secondary acct information - this direct deposit authorization will be returned to you without being activated.

_____ This is a change of account. Please stop the direct deposit to account
_____ . I am replacing that account with the information provided.

Employee Signature: _____ Date _____

Payroll Office Use only:

Entered into Payroll by: _____
Date _____