

Bloom-Carroll Local School District
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

Employee Name	Email Address
<div style="display: flex; justify-content: space-around;"> New Change </div>	Last four digits of Social Security Number XXX – XX –

Account #1

Type of Account (select one) Checking Savings

Name of Financial Institution	Routing (Transit, ABA) No.
Account No.	% or Dollar Amount

Account #2

Type of Account (select one) Checking Savings

Name of Financial Institution	Routing (Transit, ABA) No.
Account No.	% or Dollar Amount

Account #3

Type of Account (select one) Checking Savings

Name of Financial Institution	Routing (Transit, ABA) No.
Account No.	% or Dollar Amount

Account #4

Type of Account (select one) Checking Savings

Name of Financial Institution	Routing (Transit, ABA) No.
Account No.	% or Dollar Amount

I hereby authorize the Bloom-Carroll Local School District (District) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated above and to other accounts I identify in the future (Account). This authorizes the financial institution holding the Account to post such entries.

This authority will remain in effect until the District has received another Authorization Agreement for Direct Deposit changing or adding account information noted above. Any changes made by me or my bank regarding my account(s) will be provided to the Payroll Office in writing by completing a new Authorization Agreement and filing it with the Payroll Office.

Employee Signature	Date
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