

Bloom-Carroll Local School District

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

All pay is paid via Direct Deposit (excluding supplemental pay for contracted staff)

This form supersedes all previously submitted forms, please include ALL accounts you want your pay to be sent to via Direct Deposit

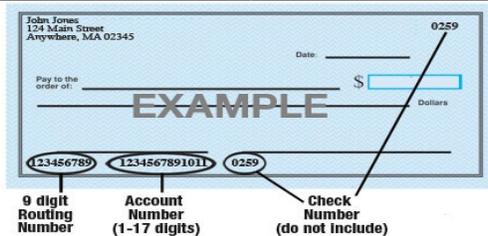
Please print and complete ALL of the information below

A voided check or direct deposit form/letter from your bank is required for all accounts listed

All Pay Notifications will be sent to your Bloom-Carroll assigned email address

If you are not a regularly contracted employee, pay notifications will be sent to the email address listed on your payroll forms

Employee Name	Last four digits of Social Security Number XXX-XX-_____
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Please note that should there be any type of pay sent via Direct Deposit, that it will always be paid according to the information listed below

Account #1

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Account #2

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Account #3

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Account #4

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

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. 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.

Employee Signature	Date
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