

**BERMUDIAN SPRINGS SCHOOL DISTRICT**  
York Springs, Pennsylvania 17372-8807

**DIRECT DEPOSIT AUTHORIZATION FORM**

**Employee Information:**

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

**Financial Institution and Account to be used for Direct Deposit of my pay:**

Financial Institution Name: \_\_\_\_\_

Routing # \_ \_ \_ \_ \_

Financial Institution Address: \_\_\_\_\_

Type of Account:   Checking / Savings (circle one only)

Account # \_\_\_\_\_

- **Please attach a voided check from your checking account or a preprinted deposit slip from your savings account to this form.**
- **According to federal bank regulations, only savings accounts that receive a monthly statement may be used for direct deposit proceeds.**

*I hereby authorize Bermudian Springs School District to initiate credit entries to my Checking or Savings account indicated above and the depository financial institution named above, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.*

*This authority is to remain in full force and effect until Bermudian Springs School District has received written notification from me of its termination in such time and in such manner as to afford Bermudian Springs School District and the depository financial institution a reasonable opportunity to act on it.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO JENNIE WOLF IN THE ADMINISTRATION OFFICE.**