



Direct Deposit Authorization

EMPLOYEE INFORMATION

Employee Name (Last, First, MI)		Position/Location
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Financial Institution Information

Your direct deposit may be split between two account numbers in the same institution or between two financial institutions if you desire. Please provide the information below for up to two financial institutions.

Financial Institution #1:		
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number:		
Account Number:		
Amount to be Deposited:	<input type="checkbox"/> Fixed Amount:	<input type="checkbox"/> Entire Net Amount

Financial Institution #2:		
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number:		
Account Number:		
Amount to be Deposited:	<input type="checkbox"/> Fixed Amount:	<input type="checkbox"/> Entire Net Amount

Please include a copy of a voided check



I hereby authorize the Butler Area School District, hereinafter referred to as employer, to direct the amount of my periodic pay for crediting to my account(s) indicated at the financial institution(s) designated above, and I further authorize the financial institution(s) to credit the same to such account(s) without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow my employer a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with my employer shall constitute sufficient authorization to terminate this agreement.

I agree to notify my employer if I wish to change the designated financial institution(s) or account(s) to which my pay is to be deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my pay.

Employee Name: _____ Employee Signature: _____ Date: _____