



**BRISTOL WARREN REGIONAL SCHOOL DISTRICT**

235 HIGH STREET, 2<sup>nd</sup> FLOOR, BRISTOL RI 02809

WWW.BWRSD.ORG (401) 253-4000

**DIRECT DEPOSIT SIGN UP FORM**

**Please attach a voided check for each checking account listed below**

Begin Deposit

Change Information

Cancel Direct Deposit

**Account Information**

A. \_\_\_\_\_  
**Bank Name/City/State**

I wish to deposit \$ \_\_\_\_\_ or Entire Net Amount      Checking      Savings

\_\_\_\_\_      \_\_\_\_\_  
Account Number      Bank Routing Number

B. \_\_\_\_\_  
**Bank Name/City/State**

I wish to deposit \$ \_\_\_\_\_ or Entire Net Amount      Checking      Savings

\_\_\_\_\_      \_\_\_\_\_  
Account Number      Bank Routing Number

C. \_\_\_\_\_  
**Bank Name/City/State**

I wish to deposit \$ \_\_\_\_\_ or Entire Net Amount      Checking      Savings

\_\_\_\_\_      \_\_\_\_\_  
Account Number      Bank Routing Number

I hereby authorize my employer to deposit any amounts owed me by initiating credits entries to my accounts at the financial institutions indicated above. Further, I authorize the bank(s) to accept and to credit any credit entries indicated by the company to my accounts. In the event that the company deposits funds erroneously into my account, I authorize the company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the company and the bank(s) have received written notice from me of its termination in such time and in such manner as to afford the company and the bank(s) reasonable.

\_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  **Check if Changed**  
Mailing Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

**Please Note: Direct Deposit and other changes will take effect the 2nd paycheck following your request.**