

BELLEFONTAINE CITY SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Bellefontaine City School District, hereinafter referred to as DISTRICT, to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

FINANCIAL INSTITUTION NAME	CITY, STATE OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECKING	SAVINGS	ACCOUNT NUMBER	AMOUNT OR PERCENT OF PAY TO DEPOSIT
TOTAL MUST EQUAL						100% OF PAY

This authority is to remain in full force until the DISTRICT has received written notification from me of its change of account or termination of account. Notification must be made in such timely manner as to afford the DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NOTE: To insure accuracy, the District requires the employee to provide a voided check with the name of the institution and the account number.

EMPLOYEE NAME _____ DATE _____ SIGNATURE _____