

# DIRECT DEPOSIT ACH AUTHORIZATION FORM



## Employee Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Boone Central Schools to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below. If necessary, Boone Central Schools may make deductions from my account for any payments credited to my account in error. This authorization is to remain in full force and effect until Boone Central Schools has received written notification from me of its termination in such time as to afford Boone Central Schools and my bank a reasonable opportunity to act on it.

### Account #1

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (Please Circle One):    Checking    OR    Savings

Amount (Please Circle One): Balance (Entire Check) OR \$ \_\_\_\_\_ (Specific \$ Amount)

### Account #2

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (Please Circle One):    Checking    OR    Savings

Amount (Please Circle One): Balance (Entire Check) OR \$ \_\_\_\_\_ (Specific \$ Amount)

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