

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

ADD CHANGE CANCEL

I hereby authorize Berryessa Union School District (BUSD) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below (or on the attached voided check), hereafter called DEPOSITORY, to credit and debit the same entries to such account.

This authority is to remain in full force and effect until BUSD has received written notification from me on its termination in such time and in such manner to afford BUSD and the institution(s) a reasonable time to act on it, or upon termination of my employment from the District.

Name: (print) _____ SSN: _____

Signature: _____ Date: _____

Please note: Direct Deposit takes 2 months before it goes into effect.

PLEASE ATTACH A VOIDED CHECK

For Office or Bank use only:

Depository Name: _____

City _____ State _____ Zip _____

Type of Account: Checking Savings

Transit/ABA Routing Number: (_____ - _____ - ____)

Account Number: _____

If this form is taken to the Bank, indicate the name of the person and telephone number verifying the above, in the event additional information is needed to implement direct deposit for this employee.

Name: _____ Telephone Number: _____