

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

COMPANY NAME AND ADDRESS \_\_\_\_\_

COMPANY I.D. NUMBER \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (hereinafter COMPANY) to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries initiated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the credit.

BANK NAME \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_

INDIVIDUAL'S BANK ACCOUNT NUMBER (check one)  
 Checking  
 Savings \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY and/or BANK has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

\_\_\_\_\_  
Individual's Name (please print)

\_\_\_\_\_  
Individual's Identification Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY** \_\_\_\_\_

\_\_\_\_\_  
Bank Number

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

INSTRUCTIONS & INFORMATION

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)**

COMPANY NAME AND ADDRESS

COMPANY I.D. NUMBER

SAMPLE

SAMPLE

SAMPLE

I hereby authorize Bethel Park School District (1) (hereinafter COMPANY) to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries initiated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the credit.

BANK NAME (2) INDIVIDUAL'S BANK ACCOUNT NUMBER (check one)  
CITY (3)  Checking  
STATE (4)  Savings (6)

This authorization is to remain in full force and effect until COMPANY and/or BANK has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

(7) Individual's Name (please print)  
(8) Individual's Identification Number  
(9) Signature Date OFFICE USE ONLY Bank Number

IB-942 Rev. 3-86 08820

Do not write anything in Company Name and Address and Company I.D. Number.

1. Print Bethel Park School District
2. Print Bank Name
3. Print City Address of Bank
4. Print State Address of Bank
5. Mark either Checking or Savings Account
6. Print Bank Account Number
7. Print Employee Name
8. Print Employee Identification Number (Social Security Number)
9. Write Signature and Date

★ ATTACH A CANCELLED CHECK OR A COPY OF A CANCELLED CHECK FROM YOUR BANK ACCOUNT TO THE AUTHORIZATION FORM! (This is to insure proper designation of the bank account and routing numbers.)

You may withdraw from the program at any time by submitting a written notification to the Payroll Department by the first of the month.

With direct deposit, your funds will be available on pay day.

Your direct deposit will begin approximately one month after we receive your authorization. If you have any questions regarding the completion of this form or the Direct Deposit Program, contact the Payroll Department (extension 426 or 428).

Please return the completed form, with a cancelled check or copy of a cancelled check attached, to the Payroll Department: