

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

ACTION TO BE TAKEN (check all that apply)

- Start Direct Deposit
- Change of Financial Institution
- Change of Account Number
- Stop Direct Deposit

Your direct deposit may be split between two account numbers in the same institution or between two financial institutions, if you so desire. Please provide the following information for each financial institution.

Bank or Financial Institution #1 _____

Address _____

Check One: Checking Account Savings Account

Bank Routing No. _____ Account No. _____

Amount to be deposited: Fixed Amount _____ Entire Net Amount _____

Bank or Financial Institution #2 _____

Address _____

Check One: Checking Account Savings Account

Bank Routing No. _____ Account No. _____

Amount to be deposited: Fixed Amount _____ Entire Net Amount _____

Unless otherwise indicated above, I hereby authorize and request the BUTLER AREA SCHOOL DISTRICT, hereinafter referred to as EMPLOYER, to direct the net amount of my periodic pay for crediting to my account(s) indicated at the BANK(S) OR FINANCIAL INSTITUTION(S) designated above, and I further authorize the BANK(S) OR FINANCIAL INSTITUTION(S) to credit the same to such account(s) without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow my EMPLOYER a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with my EMPLOYER shall constitute sufficient authorization to terminate this agreement.

I agree to notify my EMPLOYER if I wish to change the designated BANK(S) OR FINANCIAL INSTITUTION(S) or account(s) to which my net pay is to be deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my net pay.

Signature of Employee _____

Date _____

PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT TO THIS APPLICATION.