

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

EMPLOYER NAME: BEAVER LOCAL SCHOOL DISTRICT

I hereby authorize BEAVER LOCAL SCHOOL DISTRICT to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

FINANCIAL INSTITUTION NAME	* TRANSIT/ABA #	ACCOUNT #	TYPE of ACCOUNT	
1. _____	_____	_____	<input type="checkbox"/> CHK.	<input type="checkbox"/> SAV.
LOCATION: _____		** % _____	AMOUNT \$	_____
2. _____	_____	_____	<input type="checkbox"/> CHK.	<input type="checkbox"/> SAV.
LOCATION: _____		** % _____	AMOUNT \$	_____
3. _____	_____	_____	<input type="checkbox"/> CHK.	<input type="checkbox"/> SAV.
LOCATION: _____		** % _____	AMOUNT \$	_____

The authority is to remain in full force until BEAVER LOCAL SCHOOL DISTRICT has received written notification from me of its termination in such timely manner as to afford BEAVER LOCAL SCHOOL DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: _____ SSN: _____

DATE: _____ SIGNATURE: _____

* Nine digit number that appears on the bottom of a check or deposit slip.

** This is where you designate either a percentage of pay or fixed amount - depending on how your payroll system functions. Percentage must add up to 100%.

*** You will need to attach a copy/voided check or verification from the bank for either a checking or savings account. The copy/voided check includes the Transit/ABA# and the account # for verification.**

NOTE: Direct Deposit is mandatory for all substitutes and outside supplemental contract employees.