



# BOYERTOWN AREA SCHOOL DISTRICT

## DIRECT DEPOSIT OF PAYROLL AUTHORIZATION FORM

PLEASE PRINT ALL INFORMATION

Employee's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Select one of the following options by placing a check mark in front of your choice.

I wish to begin direct deposit.

Continue my direct deposit service, but make the following change:

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Boyertown Area School District to initiate credit entries to my checking account and/or savings account indicated below and the financial institution named below to credit paid funds to such account(s).

### Direct Deposit #1

Your Bank \_\_\_\_\_ Your Bank's Transit Routing/ABA # \_\_\_\_\_

Type of Account (check one): ( ) Checking ( ) Savings Account No. \_\_\_\_\_

Amount \$ \_\_\_\_\_ Net Pay \_\_\_\_\_

***In addition to your net pay amount you have the option to distribute a fixed amount in up to three (3) additional banks/accounts. Please complete the information below.***

### Optional Direct Deposit #2

Your Bank \_\_\_\_\_ Your Bank's Transit Routing/ABA # \_\_\_\_\_

Type of Account (check one): ( ) Checking ( ) Savings Account No. \_\_\_\_\_

Fixed Amount Per Pay \$ \_\_\_\_\_

### Optional Direct Deposit #3

Your Bank \_\_\_\_\_ Your Bank's Transit Routing/ABA # \_\_\_\_\_

Type of Account (check one): ( ) Checking ( ) Savings Account No. \_\_\_\_\_

Fixed Amount Per Pay \$ \_\_\_\_\_

### Optional Direct Deposit #4

Your Bank \_\_\_\_\_ Your Bank's Transit Routing/ABA # \_\_\_\_\_

Type of Account (check one): ( ) Checking ( ) Savings Account No. \_\_\_\_\_

Fixed Amount Per Pay \$ \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK IF DEPOSIT MADE TO A CHECKING ACCOUNT OR A VOIDED DEPOSIT TICKET IF MADE TO A SAVINGS ACCOUNT. ON THE DEPOSIT SLIP RECORD YOUR BANK'S TRANSIT ROUTING/ABA NUMBER. THIS INFORMATION IS AVAILABLE FROM YOUR BANK.**

This authorization is to remain in full force and effect until the Boyertown Area School District has received written notification from me of its termination or change in such time and such manner as to afford the payroll office and financial institution a reasonable opportunity to act on it.

Employee's Name \_\_\_\_\_

Date \_\_\_\_\_

**SUBMIT THIS FORM TO THE PAYROLL OFFICE AT THE EDUCATION CENTER**