

Charles A. Beard Memorial School Corporation

Direct Deposit Authorization Form

Name of Banking Institution: _____

Address of Banking Institution: _____

Phone Number of Banking Institution: _____

Account Type (checking/savings): _____

Deposit Amount (please specify if you want your full earnings, or a specific dollar amount to be deposited into the above account): _____

We require a voided check to initiate the direct deposit. If you do not have a physical check, paperwork from your banking institution that includes your name, account type, the routing number, & your account number may be submitted instead. It must be an official document provided by your bank that reflects your name on the account. We cannot accept hand written banking information.

I, _____ authorize Charles A Beard Memorial School Corporation to automatically deposit my earnings into the above account. I acknowledge that the above information is current & correct. Should that information change, I will need to notify Charles A Beard Memorial School Corporation **at least 7 days prior to the anticipated deposit date.**

Employee Signature: _____ Date: _____