

BERLIN CENTRAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Berlin Central School District to initiate credit entries on my () Checking, () Savings account (select one or both) indicated below the depository financial institution named below, hereinafter called DEPOSITORY, and credit the same to such account.

DEPOSITORY

BRANCH NAME _____ STATE _____

ROUTING # _____

CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

THE AMOUNTS TO BE ALLOCATED AS FOLLOWS:

	DOLLAR OPTION**	PERCENTAGE OPTION
CHECKING:	\$ _____	_____ %
SAVINGS:	\$ _____	_____ %

** If my paycheck amount exceeds the amount of the above dollar option allocation(s), such excess dollar amount should be credited to my _____ **Checking acct.** _____ **Savings acct.**

This authorization is to remain in full force and effect until Berlin Central School District has received written notification from me of its termination in such time and in such manner as to afford Berlin Central School District and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ DATE _____
(PLEASE PRINT)

Signature: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach your VOIDED check and/or savings account deposit slip.