

BETHLEHEM CENTRAL SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize Bethlehem Central School District to make deposits to the account designated below. I also authorize the Bethlehem Central School District to initiate, if necessary, adjustments for any entries in error. Direct deposit will be effective with the second payroll after your financial institution has verified your account.

I hereby authorize Bethlehem Central School District to cancel any active direct deposit already in place.

BANK NAME: _____

TRANSIT / ABA NUMBER: _____

ACCOUNT NUMBER: _____

Please check one: **CHECKING** _____ **SAVINGS** _____

This authority is to remain in full effect until Bethlehem Central School District has received written notification from me.

SIGNATURE

DATE

PRINT NAME

PHONE

XXX – XX – _____

Last four digits of SOCIAL SECURITY NUMBER

Please submit to Human Resources located in the Business Office at the High School.

If you have any questions, please contact the Human Resources Department at (518) 439-7481.