

BAINBRIDGE-GUILFORD CENTRAL SCHOOL DISTRICT

AUTHORIZATION FOR ACH DIRECT DEPOSIT

EMPLOYEE NAME _____ SSN _____

Part 1. Direct Deposit Information

- Initiate New Direct Deposit Authorization (depository bank information and amounts entered below).
- Change Depository Bank
This is notification to change the depository bank from _____ to _____.
(Depository Bank change information entered below)
- Change Account Number
This is notification to change the account number from _____ to _____
for the following Depository Bank: _____
- Change Direct Deposit Amount
This is notification to change the amount of my direct deposit from \$ _____ to \$ _____.
- Discontinue Direct Deposit
Please discontinue direct deposit with the following depository bank: _____

Part 2. Depository Bank Information and Amounts

<u>Depository Bank Name</u>	<u>ABA No.</u>	<u>Account No.</u>	<u>C/S</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part 3. Agreement

I hereby authorize the Bainbridge-Guilford Central School District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries processed in error to the account(s) indicated above and the depository bank named above to credit and/or debit such account.

This authority is to remain in full force and effect until the Bainbridge-Guilford Central School District has received written notification from me of its termination in such manner as to afford the Bainbridge-Guilford Central School District and above named depository bank a reasonable opportunity to act on it.

SIGNED _____ DATE _____