



## Authorization Agreement for Direct Deposits

Please read this form carefully and print clearly

Employee Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

- a new account                       a new account to replace current direct deposit  
 add partial direct deposit                       change to partial direct deposit amount

### NET CHECK

Bank Name: \_\_\_\_\_

ABA # (routing number **must** be nine digits): \_\_\_\_\_

Checking                       Savings                      Account #: \_\_\_\_\_

### PARTIAL DIRECT DEPOSIT

Bank Name: \_\_\_\_\_

ABA # (routing number **must** be nine digits): \_\_\_\_\_

Checking                       Savings                      Account #: \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_

### 2<sup>ND</sup> PARTIAL DIRECT DEPOSIT

Bank Name: \_\_\_\_\_

ABA # (routing number **must** be nine digits): \_\_\_\_\_

Checking                       Savings                      Account #: \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_

### AUTHORIZATION

*I authorize Avon Board of Education, and the bank listed above to deposit my net pay or portion thereof indicated above into my account each pay period. If funds to which I am not entitled are deposited into my account, I authorize Avon Board of education to direct the bank to return said funds. I understand that my deposit may not be credited to my account until 5:00 p.m. on the day indicated on my pay statement. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each payday.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* A BLANK VOIDED CHECK MUST ACCOMPANY THIS FORM \*\***