



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEPOSITS
(Direct Deposit Notice)

I authorize the Beaver Dam Unified School District to initiate credit entries for the amount of payroll, and to initiate if necessary, debit entries and adjustments for any credit entries in error to my checking/or savings account indicated below and the depository named below to credit the same to such account.

I (we) also give the Beaver Dam Unified School District authorization to contact the financial institution named below to confirm the account information that is listed.

Name of Bank or Credit Union (Depository)

City

State

Zip Code

Routing Number

Acct. No.

Checking _____

or

Savings _____

This authority is to remain in full force and effect unless the Beaver Dam Unified School District and the Depository have received a **30-day prior written notification** from me of any change or termination as to provide the Beaver Dam School District and the Depository a reasonable opportunity to act on my request for a change.

Employee Name or Names (please print)

Date

Employee Signature

**** VOIDED CHECK REQUIRED FOR CHECKING ACCOUNT – PLEASE ATTACH BELOW****
(PLEASE NOTE – DEPOSIT TICKETS DON'T HAVE THE CORRECT NUMBERS)