

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

Direct Deposit Authorization

I (we) hereby authorize the Black Horse Pike Regional School District Board of Education to initiate entries to my (our) account(s) at the financial institution(s) indicated by the attached voided check and/or bank account authorization. This authorization is to remain in full force and effect until the Black Horse Pike Regional School District Board of Education has received written notification from me(us) of any changes.

Not notifying the Black Horse Regional School District of a change in name and/or email address may result in not receiving a paycheck. If I give incorrect banking information to Black Horse Pike Regional School District it may result in not receiving a paycheck.

_____ I have read and accept the terms and conditions of this authorization.
Initial(s)

Printed Name of Employee

E-Mail Address - Temporary Employees Only

Street Address

City/State/Zip

Signature of Employee

Signature (Joint Account)

YOU MAY SELECT UP TO THREE ACCOUNTS FOR DIRECT DEPOSIT

Direct Deposit # 1 - Net Pay

Please provide voided sample check or bank authorization

Receiving Bank Name

Account #

ABA Routing #

\$ Amount of Deposit-Checking or Savings

Direct Deposit # 2 - Dollar Amount Required

Receiving Bank Name

Account #

ABA Routing #

\$ Amount of Deposit-Checking or Savings

Direct Deposit # 3 - Dollar Amount Required

Receiving Bank Name

Account #

ABA Routing #

\$ Amount of Deposit-Checking or Savings