

Blaine School District
AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYROLL DEPOSIT

NAME _____
please print your LEGAL NAME

I hereby authorize the Blaine School District to initiate credit entries to my account(s) as directed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

PRIMARY

Bank Name	Account Type	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		\$ NET <i>(amount after all other deductions and secondary ACH transactions indicated below)</i>

SECONDARY


Bank Name	Account Type	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		\$

This authorization is to remain in full force and effect until the Blaine School District has received written notification from me of its termination.


Signature

Date

ATTACHMENT REQUIRED



Checking Account:
 Please attach a VOIDED CHECK for EACH ACCOUNT *(no deposit slips)*



Savings Account:
 Please attach a DEPOSIT SLIP for EACH ACCOUNT

If you do not have checks or deposit slips, ask your bank to print out your direct deposit information and attach to this form.

Due in Payroll by the 5th of the month in order to be processed with current month's payroll.