



Richland-Bean Blossom Community School Corporation

EDGEWOOD SCHOOLS

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize **Richland-Bean Blossom Community Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Richland-Bean Blossom Community Schools** to make withdrawals from this account in the event that a credit entry is made in error, or if Termination occurs prior to earning the credited wages.

Further, I agree not to hold **Richland-Bean Blossom Community Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Richland-Bean Blossom Community Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Specialist.

Account Information

Name of Employee: _____

Name of Financial Institution: _____

ROUTING NUMBER: _____

Checking Savings

ACCOUNT NUMBER: _____

***Your entire payroll amount will be deposited into the account listed above unless you specify below that you want a certain amount to go into a different account. Skip to the Signature section if you want all of you pay deposited in the above account.**

Name of Additional Financial Institution: _____

ROUTING NUMBER: _____

Checking Savings

ACCOUNT NUMBER: _____

Amount per pay to be depositing into second account: \$ _____

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check and return this form to the Superintendent's Office