



Authorization Agreement for Direct Deposits

I hereby authorize Bloomfield Hills Schools to make deposits in the account identified below at:

_____ (Deposit Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors and/or over-payments are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. By signing this agreement, I acknowledge and agree that **unless I provide appropriate direct deposit information to Bloomfield Hills Schools, any wages or earnings paid to me will be deposited on a pay card** and that a paper check will not be issued. I acknowledge my responsibility to retain a copy of this document.

Name (PLEASE PRINT) _____

Address _____ City _____

State _____ Zip _____ Building/Department _____

Phone number ____ - ____ - ____

Employee Signature (**Required**)

DIRECT DEPOSIT CAN NOT BE PROCESSED WITHOUT PROPER REQUIRED ATTACHMENT

DIRECT DEPOSIT TO CHECKING: ATTACH A COPY OR VOIDED CHECK

DIRECT DEPOSIT TO SAVINGS: ATTACH VERIFICATION FORM FROM YOUR BANK WITH ROUTING AND ACCOUNT INFORMATION

Partial direct deposit to the following account:

Checking **OR** Savings

\$ _____ Account # _____ Routing # _____

Partial direct deposit to the following account:

Checking **OR** Savings

\$ _____ Account # _____ Routing # _____

I authorize my **NET/BALANCE** payroll deposit to be distributed as follows:

Checking **OR** Savings

Account # _____ Routing # _____

I would prefer to have my net payroll deposited on a pay card