



## 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*) \_\_\_\_\_ Date \_\_\_\_\_

**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

\$ \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Partial** direct deposit to the following account:

Checking **OR**  Savings

\$ \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

I authorize my **NET** direct deposit to the following account:

Checking **OR**  Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

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