



Berlin Public Schools

Direct Deposit Agreement Form Authorization Agreement

I hereby authorize Berlin Public Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize Berlin Public Schools to make withdrawals from this account in the event that a credit entry is made in error. I agree that if for any reason I make a change to my financial institution I will notify the payroll department the Friday prior to the payroll date or I agree to pay the associated fees as charged to the school district. The current return fee is \$30.00.

Further, I agree not to hold Berlin Public 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 Berlin Public 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 Department.

Name (Please Print) _____

Account Information

Name of Financial Institution: _____ \$_____ | Full Amt

Routing Number: _____ Checking | Savings

Account Number: _____

Name of Financial Institution: _____ _____ | Full Amt

Routing Number: _____ Checking | Savings

Account Number: _____

Name of Financial Institution: _____ _____ | Full Amt

Routing Number: _____ Checking | Savings

Account Number: _____

Signature

Please email my payroll check stub

_____ Checking | Savings

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____