

Bremen Public Schools
Direct Deposit Authorization Form

Employee Name _____
Employee Address _____
City, State, Zip _____
Telephone Number _____
Social Security Number _____

I hereby authorize Bremen Public Schools to deposit my pay automatically to the account(s) listed below. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have cancelled it in writing.

Primary Account

Banking Institution _____
Transit/ABA Routing # _____
Account # _____
Checking Account _____ or Savings Account _____

Secondary Account

Banking Institution _____
Transit/ABA Routing # _____
Account # _____
Checking Account _____ or Savings Account _____
Amount _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FOR ALL CHECKING ACCOUNTS.

Signature

Date