

DIRECT DEPOSIT AUTHORIZATION

I authorize the Berlin-Boylston Regional School District and the financial institution listed below to deposit my pay automatically to my:

- | | |
|--|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Deposit Net |
| | <input type="checkbox"/> Deposit \$ _____ |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Deposit Net |
| | <input type="checkbox"/> Deposit \$ _____ |

This authority will remain in effect until I have cancelled it in writing.

Employee Name: _____
Please Print

Employee Signature: _____

Date: _____

Bank Name: _____

Checking _____	
Transit Number (9 digits)	Account Number

Savings _____	
Transit Number (9 digits)	Account Number

Please attach a voided check or information from your bank.