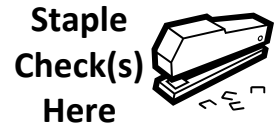


**BALDWIN-WHITEHALL SCHOOL**  
**DISTRICT Direct Deposit Form**  
*(Authorization Agreement for ACH Service)*



**Please Print**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

I hereby authorize my employer, Baldwin-Whitehall School District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below to credit and/or debit the same to such account(s). Employees are allowed up to three separate accounts.

<b><u>PRIMARY ACCOUNT</u></b>	
Depository Name (Bank) _____ Transit/ABA Number _____ (First set of numbers on bottom left of check)	Account Type <input type="checkbox"/> Checking - VOIDED CHECK <u>MUST BE ATTACHED</u> <input type="checkbox"/> Savings Account Number _____ (Second set of numbers)
Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Fixed Amount    \$ _____	

<b><u>SECONDARY ACCOUNT (optional)</u></b>	
Depository Name (Bank) _____ Transit/ABA Number _____ (First set of numbers on bottom left of check)	Account Type <input type="checkbox"/> Checking - VOIDED CHECK <u>MUST BE ATTACHED</u> <input type="checkbox"/> Savings Account Number _____ (Second set of numbers)
Amount to Deposit    \$ _____	

<b><u>THIRD ACCOUNT (optional)</u></b>	
Depository Name (Bank) _____ Transit/ABA Number _____ (First set of numbers on bottom left of check)	Account Type <input type="checkbox"/> Checking - VOIDED CHECK <u>MUST BE ATTACHED</u> <input type="checkbox"/> Savings Account Number _____ (Second set of numbers)
Amount to Deposit    \$ _____	

**Email Address for Employee Access** \_\_\_\_\_

**Please print legibly and be certain your information is correct  
 or you will not receive your employee access  
 login and password information.**

DEPOSITORY RULE: When making any changes to your bank account for Direct Deposit, a live check must be issued for one (1) payroll run. Your Direct Deposit should be effective the following pay.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return Form to Payroll Department with Attached Check(s)*