



*Educating for Life!*

### EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

**\*\* Please note: To ensure employee's financial security, all forms must be completed IN FULL and hand-delivered in person to our Business Services department, where employee may be asked to show photo identification.**

Please select one:                      New direct deposit \_\_\_\_    Change \_\_\_\_    Cancel \_\_\_\_

I, \_\_\_\_\_ authorize Bedford Public Schools (hereafter called BPS), to deposit my pay automatically to the account(s) listed below. Further, I authorize my bank(s) to accept and credit entries initiated by BPS to my account. In the event that BPS deposits funds erroneously into my account, I authorize BPS to initiate debit entries and adjustments to my account(s).

**NET CHECK – Primary account**                      (22)                      (32)  
Checking                      Savings                      (circle one)

\_\_\_\_\_  
Your Financial Institution

\_\_\_\_\_  
Account number

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Routing or transit number

#### Optional second account

Amount \$ \_\_\_\_\_                      (22)                      (32)  
Checking                      Savings                      (circle one)

\_\_\_\_\_  
Your Financial Institution

\_\_\_\_\_  
Account number

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Routing or transit number

#### Optional third account

Amount \$ \_\_\_\_\_                      (22)                      (32)  
Checking                      Savings                      (circle one)

\_\_\_\_\_  
Your Financial Institution

\_\_\_\_\_  
Account number

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Routing or transit number

#### IMPORTANT NOTE:

Attach a voided check or bank letter for each account listed above. Bank letters must include ABA routing number and account number.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Date

~~1108-02 9DF~~

Processed by: \_\_\_\_\_

In-Person Contact Date: \_\_\_\_\_

Verified by: \_\_\_\_\_

In-Person Contact Time: \_\_\_\_\_