

BELLEVUE BOARD OF EDUCATION
AUTHORIZATION FORM FOR PAYROLL DIRECT DEPOSIT

I authorize the Bellevue County Board of Education to initiate electronic entries to my account at the financial institution named below:

Financial Institution Name: _____

Address: _____

City, State, Zip Code: _____

ACH Routing/Transit Number: _____

Account Number: _____

Check One: Checking Account ____
 Savings Account ____

This authority is to remain in full force and effect until the Bellevue Board of Education has received written notification from me of it terminating in such time and such manner as to afford Bellevue Board of Education a reasonable opportunity to act.

Employee Name: _____

Social Security Number: _____

Signature: _____

Date: _____

ATTACH COPY OF VOIDED CHECK TO THIS SPACE