



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT

I hereby authorize the Bellevue School District #405 (BSD) to initiate automatic deposits of my entire net pay and any reimbursements due me to my account at the financial institution indicated below. I understand that in the event BSD notifies my financial institution that I am not entitled to the funds deposited to my account due to an overpayment or erroneous deposit, my bank is authorized to debit (withdraw transferred funds) my account. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, BSD cannot issue the funds to me until the funds are returned to BSD by my financial institution.

This authorization will remain in effect until BSD Payroll Department receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the BSD Payroll Department.

EMPLOYEE NAME: _____

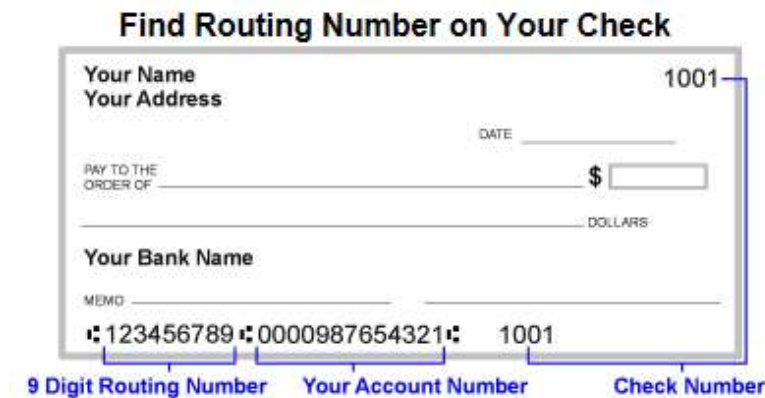
SOC. SEC. #: _____

NAME of BANK: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING OR SAVINGS



PLEASE ATTACH AN UNUSED VOIDED CHECK FROM YOUR CHECKBOOK OR OFFICIAL DOCUMENTATION FROM YOUR BANK INDICATING ROUTE AND ACCOUNT NUMBER TO USE FOR DIRECT DEPOSITS. DEPOSIT SLIPS WILL NOT BE ACCEPTABLE DOCUMENTATION. NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE THIS ACCOUNT.

Signature: _____

Date _____