

**AUTOMATIC PAYROLL DEPOSITS
AUTHORIZATION AGREEMENT**

As a convenience to me, I hereby authorize and request Bowling Green RI Schools to have any monies it may owe to me deposited directly and, to initiate if necessary, any correcting entries to the bank accounts I have designated.

I hereby authorize and request my financial institution to credit the same to my account. I understand that this authorization will continue in force unless discontinued by me, and that it is my responsibility to maintain the designated account as open to prevent rejected or returned entries.

I understand that I may enter into a new agreement by giving two weeks written notice to Bowling Green RI Schools of my bank changes.

Name _____ Social Security # _____

Signed _____ Date _____

Primary Deposit -- Main Account

Name of Institution _____

City _____ State _____ Zip _____

Transit / ABA # _____

Account # _____ Type of Account _____

Secondary Deposit -- Deposit amount per payroll _____

Name of Institution _____

City _____ State _____ Zip _____

Transit / ABA # _____

Account # _____ Type of Account _____