

**Payroll Direct Deposit Authorization
For the
Batesville Community School Corporation**

Employee Printed Name _____

I hereby authorize the Batesville Community School Corporation to make a Direct Deposit of my regular paycheck each pay period, to be applied to the following account:

Account # _____ Checking _____ or Savings _____

Bank Name _____

Routing # _____

Please include a voided check with this form.

If you would like to have monies deposited into a second account in addition to the account listed above, please list that account and specific dollar amount below. If it's the same bank as above, just complete account number and dollar amount.

Account # _____ Amount \$ _____

Bank Name _____ Checking _____ or Savings _____

Routing # _____

This Direct Deposit arrangement will remain in effect until the school corporation is notified in writing by the financial institution or by the employee that the Direct Deposit arrangement is terminated.

The Direct Deposit arrangement is mandatory for both certified and calssified staff. Changes can only be made at the end of a quarterly pay period. (March, June, September, December) Written notice should be given at least 2 weeks prior to the start of a new quarterly period.

Employee Signature

Date

*Routing numbers are bank specific and can be obtained by contacting your bank.