

**BARDSTOWN CITY SCHOOLS**

**DIRECT DEPOSIT FORM**

The authorization form which is provided below gives the Bardstown City Schools and your financial institution authority to deposit your pay to your account.

1. Mark the line before type of account to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. ***Attach a voided check (checking or savings) for verification of all financial information.***

**NOTE: BE SURE TO SIGN THE FORM.**

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**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**Employee Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

I hereby authorize the Bardstown City Schools, hereinafter called COMPANY, to initiate credit entries to my:  
\_\_\_\_\_ checking \_\_\_\_\_ savings account (Select One) indicated below and the depository named below, hereinafter called the DEPOSITORY, to credit the same to such account.

**Bank Depository Name** \_\_\_\_\_

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

**Transit/ABA No.** \_\_\_\_\_  
(The first 9 digits on the bottom left of your check)

**Account No.** \_\_\_\_\_  
(The number on the bottom middle of your check)

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_