

BLUE MOUNTAIN SCHOOL DISTRICT  
685 RED DALE ROAD PO BOX 188  
ORWIGSBURG, PENNSYLVANIA 17961-0188

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I/We hereby authorize the Blue Mountain School District hereinafter called the school district, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my bank account indicated below and authorize them to debit and/or credit the same to such account.

This direct deposit authorization is to remain in full force and effect until the school district has received written notification from me of its termination at least two deposit periods prior to revocation, allowing sufficient time for the school district to act upon my request. In like manner, the school district will provide me with written notification of revocation of this direct deposit authorization at least two deposit periods prior to termination.

Your Bank's Name \_\_\_\_\_

Bank Address \_\_\_\_\_  
\_\_\_\_\_

\*\*Bank Transit # \_\_\_\_\_ \*\* Account # \_\_\_\_\_

Amount \_\_\_\_\_

Account Type (Checking or Savings) \_\_\_\_\_

Account Holder's Name(s) \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Employee Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**\*\*I have verified the above information with my financial institution and acknowledge this information to be accurate and complete.\*\***

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_