

DIRECT DEPOSIT AUTHORIZATION

Required for all new employees.

Attach voided check here



**White Bear Lake Area Schools
4855 Bloom Avenue
White Bear Lake, MN 55110**

Personal Information

Name_____

Building_____

I authorize you and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) each payday. This authority will remain in effect until I have cancelled it in writing.

Bank Name_____

Bank Name_____

Primary Account #_____

Secondary Account#_____

Transit Routing #_____

Transit Routing #_____

Account Type _____Checking
 _____Savings

Account Type _____Checking
 _____Savings

Payment Options

Payment Options

Entire net amount_____

Amount of deduction \$_____

Remainder after secondary account deduction_____

Signature_____

Date_____