

EAST BATON ROUGE PARISH SCHOOL SYSTEM

P. O. BOX 2950 BATON ROUGE, LA 70821

(225) 922-5680 FAX (225) 923-3406

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

I hereby authorize the East Baton Rouge Parish School System to initiate Direct Deposit (credits entries) and if necessary, to make correcting entries due to errors in the direct deposit amounts (debit entries) to my account as indicated in the financial entity named below (Depository Name) and authorize that Financial entity to credit and/or debit the amount of such entries to my account.

DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING TRANSIT/ABA# _____ **ACCOUNT#** _____

(If Available)

Amount \$ _____ **or** **Percent** _____ %

Check One: Checking () or Savings ()

DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING TRANSIT/ABA# _____ **ACCOUNT#** _____

(If Available)

Amount \$ _____ **or** **Percent** _____ %

Check One: Checking () or Savings ()

- Do you currently have Direct Deposit with the Payroll Department? Yes () No ()
- If yes, did you make any changes from the current information on file? Yes () No ()

This authority is to remain in force and effect until the East Baton Rouge Parish School System has received written notification from me of its termination in such time and in such manner as to afford the School System and Depository a reasonable opportunity to act on it.

EMPLOYEE NAME _____ **SOCIAL SECURITY** _____
(PLEASE PRINT) (REQUIRED)

EMPLOYEE SIGNATURE _____ **DATE** _____

CHECKING ACCOUNT - ATTACH A VOIDED CHECK
SAVINGS ACCOUNT - ATTACH A TYPED LETTER from Financial Institution



FN83-385

REVISED AUGUST 2010