

DIRECT DEPOSIT/ACH CREDIT AUTHORIZATION
BRANDON VALLEY SCHOOL DISTRICT #49-2
300 S. Splitrock Boulevard
Brandon, SD 57005

I, _____ (*name*), authorize **Brandon Valley School District #49-2** to initiate electronic credit entries for the purpose of **PAYROLL** and if necessary, electronic debit entries to correct any erroneous credit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Type of Bank Account:

*Business Checking Account

*Business Savings Account

**(Check this box if the checking or savings account is setup at your bank as a business or commercial account)*

Personal Checking account

Personal Savings account

Banking Information:

Financial Institution Name, City, State, and Zip: _____

Financial Institution **Routing #**: _____ Financial Institution **Account #**: _____

Amount of credit(s): *[or specify range of acceptable dollar amounts authorized]:* Payroll amount as calculated monthly

Date(s) and/or frequency of credit(s): On or around the 25th of each month

How to Revoke your Authorization:

This authority will remain in effect until I have cancelled it in writing with **Brandon Valley School District #49-2** in writing stating that I wish to revoke this authorization. I understand that **Brandon Valley School District #49-2** requires at least **10 days** prior notice in order to cancel or change this authorization.

NAME (PLEASE PRINT): _____

SIGNATURE: _____

PHONE NUMBER: _____

DATE: _____

Authorization Revoked on: _____ Signature: _____

Retain authorization for 2 years after the revocation of the authorization.

Please attach a voided check from account listed on this authorization.