



Authorization Agreement for Direct Deposit

I hereby authorize Belleville Area Special Services Cooperative, hereafter known as "*the District*" to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name below, hereafter called "*Depository*," to credit and/or debit the same to such an account.

Depository Name (Bank Name) _____

ABA (transit) Number _____

Account Number _____

Type of Account: Checking "or" Savings

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

Printed Name _____

Signature _____

Date _____

Please attach a voided check for checking account deposits or a deposit slip for savings account deposits.

In some instances, a pre-note may be required for processing. If that is the case – you will be notified and a regular check will be issued for the pre-note processing / payroll period.

Direct Deposit notifications are sent via BASSC email accounts.

Substitutes must provide a personal email account in order to receive Direct Deposit notifications. _____

Please contact Brenda Averbeck with questions – Brenda.Averbeck@bassc-sped.org.