## Authorization Agreement for Automatic Deposits (ACH Credits)

Section A	W.			
BROWN COUNTY EDUCATIONAL SEF	RVICE CENTER	F1. 7		
	Check On	e:		
ADD (New Direct Deposit Participant)	CHAN Financial Institu Account	tion and/or	DELETE (Cancel Participation in the Program)	
NOTE: Due to the time required for comperiods for processing. You will receive			. · · · · · · · · · · · · · · · · · · ·	
Name(s) - Please Print:		Soc Security/	Tax ID Number:	
Address:	City/State	<b>:</b>	Zip Code:	
initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and /or debit the same to such account.  Section B  Depository Financial Institution:  Branch:				
City:	State:	Zip Code:	Phone:	
Signature of Bank Representative:				
Transit Routing Number  Account Type:	Checking	Account Numb	per Information Savings	
This authority is to remain in full force as has received written notification from me such manner as to afford Brown County opportunity to act on it. Please attach a	nd effect until Br e (or either of us Educational Se	) of its terminati rvice Center an	ucational Service Center ion in such time and in d Depository a reasonable	
Employee Signature:	- +	Date:		
Email Address	5			

## BROWN COUNTY EDUCATIONAL SERVICE CENTER TREASURER'S OFFICE

## DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

All information on the DIRECT DEPOSIT SIGN-UP SHEET is required and is confidential. The information will be used to process payment data from Brown County Educational Service Center to the financial institution and /or its agent.

The agreement represented by this authorization remains in effect until any changes are properly submitted to the district treasurer. All employees shall have the option to enroll in direct deposit or to cancel direct deposit with adequate notice to the Treasurer's office.

It is the responsibility of the employee to obtain and submit the information necessary to process a direct deposit. Any changes made regarding the account your payroll check will be deposited into must be communicated to the Treasurer's office in writing by completing a new Authorization Agreement and must be received 30 working days prior to the effective pay date.

I authorize the direct deposit of my payroll and, as indicagreement that indicates the account I wish to have my Educational Service Center. I understand that it is my to this account that will affect my direct deposit at least stipulated above. I also understand that I can cancel did days prior to the effective pay date.	pay directly deposited into by Brown County responsibility to notify the Treasurer of any changes t 30 working days prior to the effective pay date as
Employee Signature	Date
Form #2 attached Section B must be c	completed by your financial institute.

ATTACH VOIDED CHECK HERE