



Belding Area Schools

The right size. The right choice.

TO: Payroll Department

RE: **Current Direct Deposit Change Form**

NAME: _____

FINANCIAL INSTITUTION NAME: _____

ROUTING NUMBER (9 digit): _____

ACCOUNT NUMBER: _____

EFFECTIVE DATE OF CHANGE: _____

CHANGE IN DEDUCTION:

_____ NEW DEPOSIT AMOUNT: _____

_____ STOP DEPOSIT *(must have at least one direct deposit account on file at all times)*

Authorization

I hereby authorize Belding Area Schools to deposit my payroll earnings into the financial institution(s) and account(s) listed above and, if necessary, make debit or adjusting entries needed to correct any deposits made in error. This authorization will remain in effect until I have cancelled it in writing and in such a manner as to afford reasonable time to act on it. I understand that my pay stub will be available online in the eSuites portal each payday.

SIGNATURE: _____

DATE: _____