

Direct Deposit Authorization

I hereby authorize **Chester County Board of Education** to initiate credit entries and initiate, if necessary debit entries and adjustments for any credit entry in error to my (our) account indicated below.

Account #1

Account Type: _____ Checking _____ Savings

Institution Name: _____

Bank Routing #/ ABA #: _____ Account# _____

Percentage to be deposited into this account: _____

Account #2

Account Type: _____ Checking _____ Savings

Institution Name: _____

Bank Routing #/ ABA #: _____ Account #: _____

Percentage to be deposited into this account: _____

Please attach a voided check for each account here

Signature

Date

Printed Name