

BALDWIN COMMUNITY SCHOOLS

Electronic Funds Transfer (Direct Deposit) Application

Application Type	New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>
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Applicant Information (Please type or print all information)

Social Security No.	Telephone Number ()	
Employee Name (Last, First, Middle)		

Account Information (Call your financial institution regarding questions in this section)

Name of Financial Institution:			
Routing Number	Account Number	Amount*	Savings: <input type="checkbox"/> Checking: <input type="checkbox"/>

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* enter the dollar amount you wish to have deposited or enter 'net' for balance of check.

I authorize Baldwin Community Schools to deposit my pay by electronic transfer into the designated financial institution(s) and account(s). I understand this authorization remains in effect until canceled by: (a) me; (b) my death or legal incapacity; (c) the financial institution; or (d) by Baldwin Community Schools.

I authorize Baldwin Community Schools to recover money electronically deposited in my account in error, either by adjusting the account or withholding any future payments.

I agree to comply with the State of Michigan rules about electronic transfers. Michigan law governs electronic fund transactions in all respects except as otherwise superseded by federal law.

Signature	Date
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