

**BRUNSWICK CENTRAL SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION**

I hereby authorize Brunswick Central School District to begin depositing my pay in the account designated below on the next regularly scheduled payday. I understand that this authorization will remain in effect until I submit a written cancellation.

Name: _____ Date: _____

Signature: _____

*Email Address (required): _____

Social Security Number: _____

Bank Name: _____

Circle One: Checking Savings

Account Number: _____

of Paychecks **(BTA ONLY)** __21 **OR** __25

Please attach a copy of a voided check. This is needed to determine bank transit and ABA numbers and to verify your account number. A voided check is needed even if you are depositing to a savings account.

*PLEASE NOTE: We are now submitting paystubs via email only. Paper copies will no longer be provided.