



## Direct Deposit Authorization Form

### Authorization Agreement

I hereby authorize Bismarck Parks and Recreation District (BPRD) to initiate automatic deposits to my account at the financial institution named below. I also authorize Bismarck Parks and Recreation District to make withdrawals from this account if a credit entry is made in error.

Further, I agree not to hold Bismarck Parks and Recreation District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I also agree to receive my direct deposit notification via the email address provided below.

This agreement will remain in effect until Bismarck Parks and Recreation District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to the Accounting Office.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

Account Holder's Name: \_\_\_\_\_

Email Address (*required*): \_\_\_\_\_

Balance of Net OR  Amount \$ \_\_\_\_\_

Check this box if you are a rehired employee and certify that you have not made any changes to your financial institution or account and authorize BPRD to use the Account Information on the Direct Deposit Authorization Form previously submitted and on file with BPRD.

*Note: Direct deposit notices will be emailed to you as a password protected document. Your password is the last four digits of your social security number.*

### Signature

Employee Name (*printed*): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Attachment

Please **attach** a voided check or direct deposit enrollment/information form provided by your financial institution and return this form to the Accounting Office.