

**NEW BEGINNINGS SCHOOLS FOUNDATION
PAYROLL DIRECT DEPOSIT AUTHORIZATION**

I authorize New Beginnings Schools Foundation to forward my payroll earnings to the financial institution(s) and account number(s) shown below. I understand that the financial institution and my account number must be verified for accuracy through the Federal Reserve system.

Should I change financial institutions or account numbers, a new authorization form is required.

I hereby authorize New Beginnings Schools Foundation to initiate credit entries (deposits) and to initiate, if necessary debit entries (corrections and/or adjustments) for any credit entries in error to my checking/savings account(s) and indicated below. I authorize the financial institution stipulated below to credit and/or debit all such amounts to my account(s) indicated below.

This authority is to remain in force until New Beginnings Schools Foundation has received written notification from me and has had reasonable time to process my requested change.

Name _____ - _____ - _____
(PLEASE PRINT) SOCIAL SECURITY NUMBER

Circle One: CAPDAU NELSON GT ECHS NETWORK

Add

Change

Cancel

Type of Account: CHECKING SAVINGS WITHHELD PAY

Transit Routing Number (9 digits)

Account Number

Amount: Net Pay or _____
Fixed Amount

Financial Institution

City, State

Employee's Signature

Date

**FOR ACCOUNT VERIFICATION,
PLEASE ATTACH A VOIDED CHECK HERE**