

AUTHORIZATION AGREEMENT FOR
AUTOMATIC/DIRECT DEPOSIT

** ALL STARRED (*) AREAS MUST BE COMPLETED**

A CHECK MARKED VOID MUST BE ATTACHED

Company Name: PELHAM [] WINDHAM [] SCHOOL DISTRICT/ SAU #28 []

Please Check One **Employee ()** **Substitute** ()**

****A substitute is only allowed to direct deposit into one bank account.**

I hereby authorize the above mentioned school district, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error, to my account indicated below at the depository named below, hereinafter called BANK, to credit and/or debit the same to such account.

<u>BANK (1) NAME *</u>	<u>BANK ROUTING # *(first 9 digits on bottom of check)</u>
	<u>Check One</u>
<u>ACCOUNT # *</u>	Savings []
	Checking []
	<u>AMOUNT or ALL *</u>

<u>BANK (2) NAME *</u>	<u>BANK ROUTING # *(first 9 digits on bottom of check)</u>
	<u>Check One</u>
<u>ACCOUNT # *</u>	Savings []
	Checking []
	<u>Balance of Check</u>
	<u>AMOUNT or ALL *</u>

PLEASE PROVIDE A VALID EMAIL ADDRESS TO RECEIVE ELECTRONIC PAY STUBS INSTEAD OF PAPER COPIES.

PRINT EMAIL ADDRESS CLEARLY

This authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME * _____ SOCIAL SECURITY # * _____

DATE * _____ SIGNATURE * _____

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator in the manner specified in the Authorization.