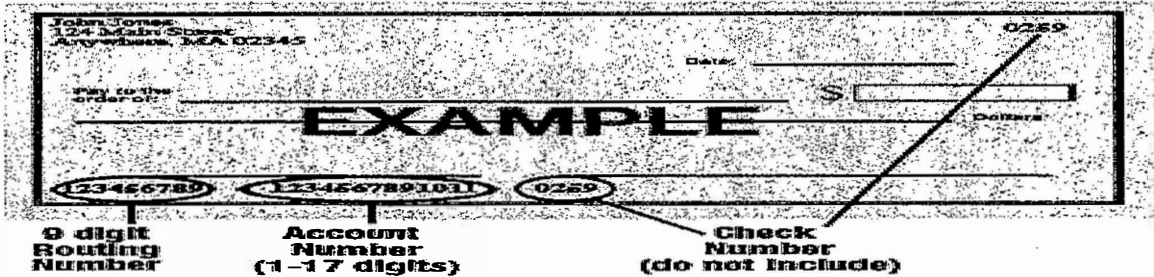


Employee Direct Deposit Enrollment Form

Please print and complete ALL the information below.

ATTACH A VOIDED CHECK FOR EACH CHECKING ACCOUNT
ATTACH DOCUMENTATION FROM YOUR BANK FOR EACH SAVINGS ACCOUNT

(Attached documents must include routing/transit number for each account)



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Stonington Public School to deposit any amounts owed to me directly to the account(s) listed below, by initiating credit entries to my account at the financial institution (here in after bank) indicated on this form. Further, I authorize the bank listed below to accept and to credit any credit entries indicated by Stonington Public Schools (SPS) to my account. In the event that SPS deposits funds erroneously into my account, I authorize SPS to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to **remain in full force** and effect until Stonington Public Schools have received written notice from me of its termination in such time and in such manner as to afford Stonington Public Schools reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____

Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/ City/ State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Amount

2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Amount

3. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Amount