

VISIONS ONLY

Direct Deposit Authorization Form

I hereby authorize Morris School Dist. (The Company) to originate credit entries to my checking/savings accounts at the financial institution listed below, and, if necessary, originate adjustments for any transactions credited in error. This authority will remain in effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Employer/Company and the financial institution a reasonable opportunity to act on it.

Visions Federal Credit Union

Financial Institution Name

24 McKinley Ave

Endicott

NY

13760

Financial Institution Address

City

State

Zip

Account Type

Checking

Savings

Account Number

Routing Number

221375378

\$ _____ (Flat Amount)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name (Print)

Address

City

State

Zip

Signature (Required)

Date

()
Telephone Number

**CODE DD1
ON PAYCHECK**