

# DIRECT DEPOSIT AUTHORIZATION FORM

## Lyme-Old Lyme Schools

Terms:

1. I authorize you (my employer) to send my wages to my Bank(s) electronically if necessary.
2. If I want to change this agreement, I must tell you in writing and give you reasonable time to act.
3. If you credit my account with the wrong amount, you may correct the error with an electronic debit or paper entry.
4. I agree that you will not be liable for damages or losses that occur due to equipment failure, an act by a third party, or something beyond your control. In any event, your liability to me will not exceed the difference between the wages you owe me and what you have paid me.
5. Allow two full weeks prior to starting actual deposit.
6. Bank of Deposit must be a participant in the Automated Clearing House.
- 7. Please provide a voided check for verification of account and routing number.**

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ACCOUNT ONE (Please print)

Employee Name \_\_\_\_\_

Bank Transit/Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Deposit Amount \_\_\_\_\_

Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_

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ACCOUNT TWO (Please print)

Employee Name \_\_\_\_\_

Bank Transit/Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Deposit Amount \_\_\_\_\_

Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_

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

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