

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the CLARKSTOWN CENTRAL SCHOOL DISTRICT to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the bank named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME _____

TRANSIT/ABA # _____ ACCOUNT# _____

NOTE: The Transit/ABA number is the 1st 9 digits on your check.

CHECK ONE (1): CHECKING _____ SAVINGS _____ ACCOUNT
CHECK ONE (1): START _____ CHANGE _____ CANCEL

This authority is to remain in full force and effect until THE CLARKSTOWN CENTRAL SCHOOL DISTRICT has received written notification from me of its termination in such time and in such manner as to afford THE CLARKSTOWN CENTRAL SCHOOL DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ NAME (PRINT) _____

SIGNATURE _____

SOCIAL SECURITY # _____

PLEASE ATTACH A BLANK VOIDED CHECK IF THIS AUTHORIZATION IS FOR A CHECKING ACCOUNT.