



MIDDLEBOROUGH PUBLIC SCHOOLS

30 Forest Street Middleborough, MA 02346
Telephone: (508) 946-2000 Fax: (508) 946-2004



Authorization Agreement for Automatic Deposits (ACH Credits)

ALL AUTHORIZATION AGREEMENTS MUST BE DELIVERED IN PERSON TO THE BUSINESS OFFICE.

I (we) hereby authorize Middleborough Public Schools, hereinafter called company, 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 depository named below, hereinafter called Depository, to credit and/ or debit the same to such account.

Name (print): _____

Circle Type of Account: Checking Savings

Account Number: _____

Routing /Transit (ABA) Number: _____

Bank Depository Name: _____

Branch: _____ City: _____

State: _____ Zip Code: _____

SECONDARY ACCOUNT (Optional)

(The amount specified below will be directly deposited into this secondary bank account and the remaining net amount of your paycheck will then be directly deposited into your primary account as specified above.)

Circle Type of Account: Checking Savings

MUST SPECIFY a Dollar Amount for secondary Account: \$ _____

Account Number: _____

Routing /Transit (ABA) Number: _____

Bank Depository Name: _____

Branch: _____ City: _____

State: _____ Zip Code: _____

Employee Signature: _____ Date: _____

**** FOR CHECKING ACCOUNTS, A VOIDED CHECK MUST BE ATTACHED.
FOR SAVINGS ACCOUNTS, A LETTER OF DIRECT DEPOSIT MUST BE OBTAINED FROM YOUR
FINANCIAL INSTITUTION AND ATTACHED.**