

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Direct Deposit Authorization Agreement

\_\_\_ ADD \_\_\_ CHANGE \_\_\_ CANCEL

I hereby authorize Saratoga Union School District, hereafter call (the District) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to me (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK TRANSIT NO. \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

\_\_\_ CHECKING \_\_\_ SAVINGS

This authority is to remain in full force and effect until the District has received written notification from me on it's termination in such time 10 days and in such manner as to afford the District and the institution a reasonable time to act on it, or upon termination of my employment from the District. I have read the Direct Deposit instructions and understand that I should have automatic overdraft protection before signing up for this plan.

NAME (print) \_\_\_\_\_ SSN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-SIGNATURE (if joint account)

\_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: Attach a voided check to validate information.**