

# DIRECT DEPOSIT AUTHORIZATION

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

### HASTINGS-ON-HUDSON U.F.S.D.

I hereby authorize Hastings U.F.S.D., hereinafter called the COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

\_\_\_\_\_ Checking Account                      or                      \_\_\_\_\_ Savings Account

In the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account:

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
(Print)

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

- Note:
1. For a Checking Account, a blank voided check must be attached to this Authorization.
  2. For a Savings Account, a printed deposit ticket must be attached.

**Please return this form to the Payroll Department  
For any questions, call ext. 6211**