



EAST LYME PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION

I hereby authorize East Lyme Public Schools to directly deposit my pay in the bank account(s) listed below in the amounts specified. This authorization is to remain in force until East Lyme Public Schools has received written authorization from me of its termination or change. Also, I hereby grant East Lyme Public Schools the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name (PRINT): _____

Signature _____ Date: _____

1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

Amount to deposit in selected account

Checking Savings

\$ _____ or Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

Amount to deposit in selected account

Checking Savings

\$ _____ or Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

Amount to deposit in selected account

Checking Savings

\$ _____ or Full Net Amount