



## DIRECT DEPOSIT AUTHORIZATION

Employee Name: \_\_\_\_\_ School: \_\_\_\_\_

Email Address: \_\_\_\_\_ (to electronically receive your pay stub)

- **Please attach proof of your account(s) to the back of this form.**
- You may elect to have your check deposited in up to five (5) bank accounts.

<b>Account #1:</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Stop	<input type="checkbox"/> Change
Bank Name:	_____		
Routing #:	_____	Account #:	_____
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Net Amount	<input type="checkbox"/> Flat Amount _____		

<b>Account #2:</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Stop	<input type="checkbox"/> Change
Bank Name:	_____		
Routing #:	_____	Account #:	_____
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Flat Amount	_____		

<b>Account #3:</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Stop	<input type="checkbox"/> Change
Bank Name:	_____		
Routing #:	_____	Account #:	_____
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Flat Amount	_____		

*I hereby authorize the North Middlesex Regional School District to initiate credit entries to my checking account(s) and/or savings(s) account(s) indicated above at the depository financial institution named above, hereinafter called the DEPOSITORY, and to credit the same to such account.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_