

DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT
Authorization Agreement for Automatic Deposits (ACH Credits)

Properly completed agreements should be submitted to the District Business Office. An approved copy will be returned to you. It will state the starting date of your direct deposits.

INSTRUCTIONS FOR SECTIONS 1 THROUGH 9 BELOW (PLEASE PRINT OR TYPE)

- (1) Indicate whether you want your payroll check deposited into your checking or savings account by circling (a), (b), or (c) below.
- (2) Fill in your bank's name and address.
- (3) List your bank's ABA Number. This number is located at the lower left hand corner of your check. Please attach a copy of a blank check which you have marked "VOID". If your payroll check goes into your savings account, you will have to ask the bank what their ABA Number is.
- (4) Your bank account number
- (5) Amount to be deposited: all or partial amount (partial deposit must include amount)
- (6) Print your name
- (7) List your school or office.
- (8), (9) Date and sign this form acknowledging acceptance of terms.

I (We) hereby authorize the Dudley-Charlton Regional School District, 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.

One form must be completed for each account to be changed

- (1) Circle your choice: (a) Checking: ☐ New account ☐ Change amount in existing account
(b) Savings: ☐ New account ☐ Change amount in existing account
(c) Other Instructions: _____

(2) DEPOSITORY (Receiving Bank) Name: _____

Street: _____

City: _____ State: _____ Zip: _____

(3) DEPOSITORY BANK Transit/ABA Number: _____

(4) CUSTOMER ACCOUNT NUMBER: _____

(5) AMOUNT OF DEPOSIT: ☐ All of my payroll check OR ☐ \$_____ Partial

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

(6) NAME: _____

(7) WORK LOCATION: _____

(8) DATE: _____ (9) SIGNATURE: _____

Business Office Approval: _____ Effective Date: _____