

Authorization Agreement for Pre-Authorized Direct Deposit

I hereby authorize East Ramapo Central School District to initiate debit/credit entries for direct deposit of payroll to the checking or saving account indicated below.

Bank Name: _____

Branch Street Address: _____

City: _____ State: _____

Bank's ABA Routing Number: _____

Account Number: _____

Employee's Name on Account: _____

Employee's Address: _____

Employee Id Number: _____

Employee's Bargaining Unit: _____

Date: _____ Signature: _____

Please attach a blank, voided check here. (For a savings account, a deposit ticket.)

Starter checks are not acceptable. Your name and address must be pre-printed on the check.