

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT WITH
MONADNOCK REGIONAL SCHOOL DISTRICT/SAU #93**

Note: IF YOU CHOOSE TO HAVE DIRECT DEPOSIT INTO YOUR CHECKING ACCOUNT, PLEASE ATTACH A BANK VERIFICATION FORM SHOWING ROUTING # & CHECKING ACCOUNT # WITH THIS COMPLETED FORM. Please note that Direct Deposit will not take effect for at least one pay period after receipt of this form.

I authorize the Monadnock Regional School District/SAU #93 to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account. _____ Initial

EMPLOYEES: Your remittance advice will automatically be sent to your school email account.

SUBSTITUTES: Please provide an email for your remittance advice: _____

(If sent to another email address, other than the schools, we cannot guarantee outside our server, that it will be secure and will be at your own risk.)

(Check One): MAIL MY FIRST PAY CHECK OR I WILL PICK UP AT SAU BUILDING

Because of the Affordable Care Act, we are requesting additional information for our payroll system for Required Health Coverage Status Options. Please check the correct one that best fits your current situation:

<input type="checkbox"/> 1. Receives Coverage	<input type="checkbox"/> 2. Refuses Coverage – No Coverage	<input type="checkbox"/> 3. Refuses Coverage – Coverage Elsewhere	<input type="checkbox"/> 4. Not Eligible – Receives Cash in Lieu Of
<input type="checkbox"/> 5. Not Eligible – No Coverage	<input type="checkbox"/> 6. Not Eligible – Coverage Elsewhere	<input type="checkbox"/> 7. Exempt Employee	<input type="checkbox"/> 8. No Coverage Available
EMPLOYEE NAME: (PLEASE PRINT)			
_____		_____	
Employee Signature		Date	

PLEASE NOTE: If you are **changing** or **adding** a direct deposit account, it must be noted as a change. If the change is a dollar amount only, there will be no interruption in your direct deposit.

If you are adding an account to be direct deposited, you must note that you do not want existing direct deposits interrupted.

Whenever this form is completed, it supercedes the previous one. Therefore, we will stop any direct deposit that is not on this form.

If you want to add a direct deposit and not change one that is existing, please note it in the Bank and the acct. sections along with a memo that says “do not change this direct deposit.”

- BANK NAME _____
ADDRESS _____
CHECKING ACCT. # _____ SAVINGS ACCT. # _____
ROUTING NO. _____ AMT. TO DEPOSIT _____
- BANK NAME _____
ADDRESS _____
CHECKING ACCT. # _____ SAVINGS ACCT. # _____
ROUTING NO. _____ AMT. TO DEPOSIT _____
- BANK NAME _____
ADDRESS _____
CHECKING ACCT. # _____ SAVINGS ACCT. # _____
ROUTING NO. _____ AMT. TO DEPOSIT _____
- BANK NAME _____
ADDRESS _____
CHECKING ACCT. # _____ SAVINGS ACCT. # _____
ROUTING NO. _____ AMT. TO DEPOSIT _____