

UNION FREE SCHOOL DISTRICT OF THE TARRYTOWNS
DIRECT DEPOSIT AUTHORIZATION FORM

Authorization Agreement for Automatic Deposits (ACE CREDITS)

I hereby authorize the Payroll Office of the UFSD of the Tarrytowns, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (s) indicated below and the depository named below, to credit or debit the same to such account.

YOUR NAME _____ **(Please Print)**

SS# XXX-XX- _____ (Last 4 Digits)

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1) Name of Bank _____

Amount / *Percentage _____ **Checking** ___ **OR** **Savings** ___

Routing Number _____

Account Number _____

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2) Name of Bank _____

***Percentage** _____ **Checking** ___ **OR** **Savings** ___

Routing Number _____

Account Number _____

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* Percentage must equal 100%. This authority is to remain in full force and affective until the Payroll Office of the UFSD of the Tarrytowns has received written notification from me to terminate such agreement in a reasonable time as to afford them and the Depository time to act on it.

Date _____ **SIGNATURE** _____

STAPLE VOIDED CHECK(S) HERE