

- BUUSD Central Office**
- Barre City Elementary and Middle School**
- Barre Town Middle & Elementary School**
- Spaulding High School/CVCC**

**Please check your location**

## Authorization Agreement for Direct Deposit of Payroll

**Name (Please Print):** \_\_\_\_\_

I hereby authorize to initiate credit/debit entries to my account(s) as indicated below, and the depository named below, hereinafter called Depository, to credit same to such account(s).

**1**

Name of Bank / Credit Union	9 Digit - ABA Routing #	Acct Type	Amount
		<input type="checkbox"/> <b>CK</b>	\$ _____ .00
<b>City, State</b>	<b>Zip Code</b>	<b>Account #</b>	<b>or</b>
		<input type="checkbox"/> <b>SAV</b>	<input type="checkbox"/> <b>Net CK</b>

**2**

Name of Bank / Credit Union	9 Digit - ABA Routing #	Acct Type	Amount
		<input type="checkbox"/> <b>CK</b>	\$ _____ .00
<b>City, State</b>	<b>Zip Code</b>	<b>Account #</b>	<b>or</b>
		<input type="checkbox"/> <b>SAV</b>	<input type="checkbox"/> <b>Net CK</b>

This authorization will remain in effect until written notification from me (**must be received in person**) of its termination in such time and in such manner as to afford a reasonable time to act on it. Please provide an email address to send a email paycheck stub.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**E MAIL:** \_\_\_\_\_