MAMARONECK UNION FREE SCHOOL DISTRICT
1000 West Boston Post Road, Mamaroneck, NY 10543

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Assistant Superintendent for Business Operations swallach@mamkschools.org

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Mamaroneck Union Free School District

I hereby authorize the Mamaroneck Union Free School District (the District) 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 depositories named below, to credit and/or debit the same to such account.

BANK #1

DEPOSITORY (BANK) NAME: _____

TRANSIT/ABA #: _____ ACCOUNT #: _____
(First group of #'s to the left of the account #)

ACCOUNT TYPE: _____CHECKING _____SAVINGS % or $ AMOUNT _____

BANK #2 (if applicable)

DEPOSITORY (BANK) NAME: _____

TRANSIT/ABA #: _____ ACCOUNT #: _____
(First group of #'s to the left of the account #)

ACCOUNT TYPE: _____CHECKING _____SAVINGS

% or $ AMOUNT _____ OR ☐ AMOUNT REMAINING

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

NAME_____

SIGNATURE_____

DATE_____

SCHOOL LOCATION_____

THIS AUTHORIZATION MUST BE COMPLETED IN ITS ENTIRETY.

PLEASE ATTACH A VOIDED CHECK or LETTER FROM BANK if checking account is given.

PLEASE ATTACH A LETTER FROM BANK if savings account is given.