MILLBROOK CENTRAL SCHOOL DISTRICT

Payroll Direct Deposit Authorization Agreement
(one application per account)

I hereby authorize the Millbrook Central School District, hereinafter called Company, to initiate Credit entries to my Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called Depository, and to credit the same to such account. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of federal law.

____ New ____ Additional Account ____ Change to Current Account

Financial Institution: _____

Routing Number: _____ Account Number: _____

Checking ____ Savings ____

Voided check must be attached for checking accounts

Amount _____
($/%)

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

Name: _____ SS Number: _____
(Please Print)

Date: _____ Signature: _____

NOTE: WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Office Personnel Only

Date Received: _____

Employee Signature: _____

Reason for decline: _____

Effective Date: _____