

SPACKENKILL UNION FREE SCHOOL DISTRICT

DISTRICT OFFICE
15 CROFT ROAD
POUGHKEEPSIE, NY 12603
PHONE: 845-463-7800
FAX: 845-463-7804

Dr. Lois C. Powell
Superintendent of Schools

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Company Name SPACKENKILL UNION FREE SCHOOL DISTRICT
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I hereby authorize my employer/payer, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my financial institution indicated below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

First Name	Last Name	Social Security Number
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Depository Name	<input type="checkbox"/> Entire Check or <input type="checkbox"/> Amount \$ _____
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Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transit/ABA Number (Routing)	Account Number
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To ensure that my account is properly credited, I have attached a VOIDED CHECK from my checking account or a DEPOSIT SLIP from my savings account where my net pay will be deposited. Direct deposit will not be initiated without these documents.

This authority is to remain in full force and effect until the **COMPANY** has received a written termination notice from me in a timely manner to allow the **COMPANY** and **DEPOSITORY** a reasonable amount of time to process it.

Employee Signature	Date
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