

HAMPDEN-WILBRAHAM REGIONAL SCHOOL DISTRICT

MANDATORY AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEPOSIT

I hereby authorize and request Hampden-Wilbraham Regional School District hereinafter called COMPANY, to make payments of any amounts owing to me by initiating credit entries or adjustment entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries or adjustment entries initiated by COMPANY to such account(s) and to enter the same to such account(s) without responsibility for correctness thereof.

Please complete the information for one account. There is the option to deposit pay in up to four accounts.

ATTACH A CANCELED CHECK(S) or OTHER DOCUMENTATION FROM BANK FOR EACH ACCOUNT.

Bank Name _____
Account # _____
Routing # _____
Savings _____ Checking _____
Amount \$ _____, or write "ALL"

Bank Name _____
Account # _____
Routing # _____
Savings _____ Checking _____
Amount \$ _____

Bank Name _____
Account # _____
Routing # _____
Savings _____ Checking _____
Amount \$ _____

Bank Name _____
Account # _____
Routing # _____
Savings _____ Checking _____
Amount \$ _____

EMPLOYEE NAME (please print) _____

SIGNATURE _____

DATE _____