

MONTOUR SCHOOL DISTRICT



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

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| DATE: | YOU MAY OPT UP TO THREE (3) BANKS/ACCOUNTS |
| EMPLOYEE NAME: | EMPLOYEE #: |
| POSITION: | BUILDING: |
| THIS REQUEST IS FOR: | <input type="checkbox"/> NEW ENROLLMENT |
| | <input type="checkbox"/> CHANGE OF BANK |
| | <input type="checkbox"/> CHANGE OF ACCOUNT |

I HEREBY AUTHORIZE MONTOUR SCHOOL DISTRICT TO DEPOSIT MY PAY (CREDIT ENTRIES), AND IF NECESSARY, MAKE ADJUSTMENT (DEBIT ENTRIES) FOR ANY CREDIT ENTRIES MADE IN ERROR TO THE ACCOUNT AND WITH THE FINANCIAL INSTITUTION LISTED BELOW:

| | | | |
|----------|-------------------------------|-----------------------------------|----------------------------------|
| 1 | FINANCIAL INSTITUTION: | | AMOUNT: \$ |
| | BANK ROUTING # (9 DIGITS): | | |
| | ACCOUNT #: | | |
| | ACCOUNT TYPE: | CHECKING <input type="checkbox"/> | SAVINGS <input type="checkbox"/> |

| | | | |
|----------|-------------------------------|-----------------------------------|----------------------------------|
| 2 | FINANCIAL INSTITUTION: | | AMOUNT: \$ |
| | BANK ROUTING # (9 DIGITS): | | |
| | ACCOUNT #: | | |
| | ACCOUNT TYPE: | CHECKING <input type="checkbox"/> | SAVINGS <input type="checkbox"/> |

| | | | |
|----------|-------------------------------|-----------------------------------|----------------------------------|
| 3 | FINANCIAL INSTITUTION: | | AMOUNT: \$ |
| | BANK ROUTING # (9 DIGITS): | | |
| | ACCOUNT #: | | |
| | ACCOUNT TYPE: | CHECKING <input type="checkbox"/> | SAVINGS <input type="checkbox"/> |

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| NAME(S) ON ACCOUNT: | |
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|---------------------------------|------------------------------|
| ATTACH VOIDED CHECK HERE | SIGNATURE OF EMPLOYEE |
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NOTE: WHEN APPLYING OR CHANGING YOUR DIRECT DEPOSIT THERE WILL BE ONE (1) REGULAR CHECK ISSUED BEFORE THE DIRECT DEPOSIT IS ACCEPTED BY THE BANK. THIS IS SO THAT YOUR NUMBERS ARE CLEARED AT THE BANK AND APPROVED. **ORIGINAL FORM WITH SIGNATURE AND VOIDED CHECK MUST BE RECEIVED BY THE PAYROLL OFFICE TO PROCESS A CHANGE. EMAILED OR FAXED FORMS WILL NOT BE ACCEPTED.**