

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize HENRY HUDSON REGIONAL SCHOOL DISTRICT to initiate credit entries for my total net pay and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the BANK named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

NAME: _____

SOC. SEC. # _____

LOCATION _____

PLEASE CIRCLE ONE: 10 MONTH EMPLOYEE 12 MONTH EMPLOYEE

DEPOSITORY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

BANK ROUTING/ABA# _____

ACCOUNT NO. _____

PLEASE CIRCLE ONE: CHECKING SAVINGS

DATE: _____ SIGNED: _____

Please attach a voided check.

PAYROLL USE ONLY

Payroll Date _____

Prenote Date _____

First Paydate Effective _____