

DIRECT DEPOSIT EMPLOYEE SIGN-UP FORM
NYSSA SCHOOL DISTRICT #26

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I HEREBY AUTHORIZE NYSSA SCHOOL DISTRICT #26, HEREINAFTER CALLED **COMPANY**, TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY:

CHECKING ACCOUNT: ALL OF CHECK _____ PART OF CHECK _____ \$ _____

SAVINGS ACCOUNT: ALL OF CHECK _____ PART OF CHECK _____ \$ _____

ATTACH VOIDED CHECK HERE

TRANSIT/ABA AND ACCOUNT NUMBERS WILL BE USED EXACTLY
AS THEY ARE PRINTED ON THIS DOCUMENT
(UNLESS OTHERWISE INSTRUCTED, AS NOTED BELOW)*

ALTERNATE TRANSIT/ABA # (IF APPLICABLE) _____ SEE BELOW*

THIS AUTHORITY 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. *(SOME FINANCIAL INSTITUTIONS HAVE A DIFFERENT TRANSIT/ABA NUMBER FOR DIRECT DEPOSITS. IF SO, PLEASE PROVIDE THAT NUMBER IN THE SPACE ABOVE AND NOTE THAT IT IS DIFFERENT THAN THE VOIDED CHECK.)

NAME _____ SS# _____

DATE _____ SIGNED _____