

PAYROLL DIRECT DEPOSIT AUTHORIZATION

BRASHER FALLS CENTRAL SCHOOL DISTRICT

I hereby authorize Brasher Falls Central School hereinafter called Company to initiate ACH entries (credit or debit), and to initiate, if necessary adjustments for any entries in error to my **Checking** **Savings (select one)** account indicated below and the depository bank named below, hereinafter called DEPOSITORY, to credit and or debit the same to my account.

Depository Bank Name _____ **Branch** _____

City _____ **State** _____ **Zip Code** _____

Transit Routing/ABA Number _____

Account Number _____

Total Check or Amount to be deposited _____

Please attach a blank voided check or a deposit slip.

This authority is to remain in full force and effect until Company has received written notification from me of it's termination in such time and manner as to afford Company and DEPOSITORY a reasonable opportunity to act upon it.

Name (Print) _____ **Social Security Number** _____

Signature _____ **Date** _____

PLEASE STAPLE VOIDED CHECK OR DEPOSIT SLIP HERE!