

DIRECT DEPOSIT
EMPLOYEE AUTHORIZATION AGREEMENT FOR
PRE-AUTHORIZED ACCOUNTS

I hereby authorize and request CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN, hereinafter called COMPANY, to make payment of any amounts owing to me for deposit, by initiating 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 initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof:

I also authorize COMPANY to debit my account for the purpose of correcting an erroneous payroll credit entry initiated by the COMPANY provided that I have received written notification of such correction and the reason therefore:

It is understood that this agreement may be terminated by me at any time by written notification to COMPANY. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it.

Tape Check Here or Attach Your Account Information

Don't have checks... You may write your routing # & account # below.

Routing # _____ Account # _____

Please indicate ONE choice

Checking

Savings

Please indicate ONE choice

Net check amount

Partial deposit of \$ _____

PRINT NAME _____ Employee # _____

DATE _____ SIGNATURE _____

***Completed form must be sent via interoffice mail to the
Payroll Department***