

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize Nauset Regional School District (hereinafter called the District) to initiate electronic entries to my account(s) listed below and, if necessary, reversal entries and adjustments for any erroneous entries made to said account(s). Further, the Financial Institution (hereinafter called the Bank) is hereby authorized to complete such entries to such account(s).

Please direct deposit my net pay as follows:

	Bank Name	C/S*	Account#	Bank ABA/Transit#	100% or Amount or "Balance"***
1					
2					
3					

*C = Checking; S = Savings

**Please indicate the amount you want direct deposited into this account or write "Balance" (i.e. 1st account: \$50 to savings account and 2nd account: "Balance" to checking account). If only one account is listed, please indicate 100%. If more than one account is listed and "Balance" is not identified as an amount, then a "live" check will also be issued.

This Authorization is to remain in full force and effect until the District has received written notification from me of its termination in such time and in such manner as to afford the District and the Bank a reasonable opportunity to act on it. I agree to notify the District promptly if an account listed above is closed or is no longer permitted to accept electronically initiated entries. The District is authorized to provide copies of this Application to the Originating and Receiving Depositories upon their request.

**PLEASE ALLOW FOR 1 TO 2 PAYCHECKS UNTIL YOUR DIRECT DEPOSIT BECOMES EFFECTIVE
(DETERMINED BY THE DATE YOUR REQUEST IS RECEIVED IN PAYROLL)**

Name: _____ Social Security #: _____

Signature: _____ Date: _____

****All items on this form must be completed before the District is authorized to initiate any entries.****

FOR CHECKING ACCOUNTS, PLEASE
ATTACH A VOIDED BANK CHECK OR
PHOTOCOPY OF CHECK HERE

FOR DISTRICT USE ONLY:

Employee # _____ Date Prenoted _____ Date Activated _____