

**MONTICELLO CENTRAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL**

NAME _____ SS# _____

Address _____ Phone # _____

I hereby authorize Monticello CSD, to deposit the listed amounts owed to me into the account(s) listed below and to initiate, if necessary, debit entries and adjustments to recover any salaries deposited in error.

ATTACH VOIDED CHECK

Bank or Savings Association #1 _____

Address _____

Bank ABA Number _____

Account Number - Checking _____ \$ Amt _____ % _____

Account Number - Checking _____ \$ Amt _____ % _____

Account Number - Savings _____ \$ Amt _____ % _____

Account Number - Savings _____ \$ Amt _____ % _____

Bank or Savings Association #2 _____

Address _____

Bank ABA Number _____

Account Number - Checking _____ \$ Amt _____ % _____

Account Number - Checking _____ \$ Amt _____ % _____

Account Number - Savings _____ \$ Amt _____ % _____

Account Number - Savings _____ \$ Amt _____ % _____

PLEASE ALLOW 2 PAYROLL PERIODS FOR DIRECT DEPOSIT TO TAKE PLACE.

I agree that this authorization will remain in effect until I provide written notification to my employer terminating this service

Signature Date Work Telephone Number

CANCELLATION

I request cancellation of the direct deposit of my paycheck to bank account # _____

Signature Date