Middletown Board of Education
Authorization Agreement for Direct Deposit of Payroll

I hereby authorize the direct deposit of my **NET PAY** by the Middletown Board of Education in the account and financial institution indicated, hereinafter called the **DEPOSITORY**. Such deposit, on regular payroll weeks, will be made on Friday of that week. On weeks containing a City and/or bank holiday, deposit may not be made until Saturday of that week. I assume responsibility for verification of the bank and account numbers provided and also for verification of payroll deposit amounts.

I request that my **NET PAY** be deposited at:

DEPOSITORY: _____ _____
Name of Financial Institution **Phone#**

DEPOSITORY ADDRESS: _____

STATE: _____ **ZIP CODE:** _____

CHECKING ___ or SAVINGS ___ (Select one)

ROUTING#: _____ **ACCOUNT#:** _____

***** A voided check or savings account deposit slip must be attached to this form or presented for verification which agrees with the bank routing number and account number listed above.*****

This authorization is to remain in full force and effect until the Middletown Board of Education has received written notification from me of its termination, in such time, and in such manner, as to afford the Board and the Depository a reasonable opportunity to act upon it.

Initial enrollments and changes will require (14) fourteen days minimum advance notice.

In the event that the Board of Education deposits (credits) my account erroneously, I authorize the Board of Education to withdraw (debit) funds from my account in the amount not to exceed the original deposit, and to re-deposit the corrected net pay.

NAME: _____
Please print

School or Department: _____

SIGNATURE: _____ **DATE:** _____

For Office Use Only

EMPLOYEE ID#: _____ **DATE ENTERED** _____