

FRANKLIN SCHOOL DISTRICT

School Administrative Unit #18

119 Central Street
Franklin, NH 03235

Phone (603) 934-3108 Fax (603) 934-3462

ORIGINAL

CHANGE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize my Employer to automatically deposit any funds owed to me to my account(s) at the Depository Financial Institution(s) named below.

I understand that this agreement may be terminated by me or by my Employer at any time by written notification. Any such termination or change requires a reasonable time to act upon it.

I authorize my Employer to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, my **Employer** has notified me in writing of the reason for the debit.

REQUEST FOR DIRECT DEPOSIT

(to be completed in ink)

(1) Account at: _____ Net Pay or Balance of Check
Financial Institution

Routing Number: _____ Account Number: _____ Type _____
Savings/Checking

(2) Account at: _____ Amount \$ _____
Financial Institution

Routing Number _____ Account Number _____ Type _____
Savings/Checking

If you are choosing two financial institutions, you may designate a set dollar amount to only one. The balance will automatically go to the **primary account**.

Employee Name: _____
Please print

I have read and understand this form: _____
Signature Date

Your Direct Deposit advice slip can be distributed by e-mail to your district e-mail address or your personal e-mail address. Please select the e-mail address you wish to use:

E-MAIL ADDRESS: _____

Voided check(s) must be attached before your first transmission can be made. FAILURE to attach voided check(s) will delay the start of your first transmission.

For Office Use Only

Processed by: _____ Date _____

Direct Deposit will begin on _____

It is recommended that you contact your financial institution regarding the time of availability of your deposit