



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I, _____ hereby authorize East Rochester School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the depository named below to credit and/or debit the same to such account.

BANK NAME _____

BRANCH _____

NEW CHECKING ACCOUNT SAVINGS ACCOUNT
 CHANGE *Please attach a voided check

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

% OF PAYCHECK _____ OR \$ _____ AMOUNT

DELETE EXISTING DIRECT DEPOSIT

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

BANK NAME _____

This authority is to remain in full force and effect until East Rochester Schools has received written notification from me of its termination in such time and in such manner as to afford East Rochester Schools and our bank a reasonable opportunity to act on it.

SIGNED _____ DATE _____

Allow 2 pay periods for a new direct deposit to take effect

For Office use:

Received Date _____ Initials _____ Pre-note Date _____