

NH School Administrative Unit #65
New London, New Hampshire

Electronic Direct Deposit

(PLEASE COMPLETE A SEPARATE FORM FOR EACH BANK YOU WISH TO DEPOSIT TO)

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDITS/DEBITS

I hereby authorize and request SAU #65, hereafter referred to as the Company, to initiate debit/credit entries to my CHECKING and/or SAVINGS account(s) indicated below and the Financial Institution named below, hereafter referred to as the Bank, to debit/credit the same to such account(s).

1) Please print the following:

EMPLOYEE NAME: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK PHONE: _____

BANK DFI#/ABA#/TRANSIT # _____

- 2) **Account Number** -- Please confirm the accurate account number with your bank.
Checking/Savings -- Please note whether account listed is *Checking* or *Savings*.
Amount -- Please enter amount of deposit to the account. Please use a set dollar amount, or use the word "*Balance*" for remainder of pay, or use the phrase "*Full Pay*" for deposit of total net pay.

<i>Account Number</i>	<i>Checking/Savings</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____

NOTE: Any net pay amount remaining after direct deposits will be paid to the employee through paper check.

This authority is to remain in full force and effect until the Company and the Bank have received written notification from me of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it.

3) Employee Signature _____ Date _____

FOR OFFICE USE ONLY

Pre-note Date _____
Elec Dep Begins _____