

FILLMORE CENTRAL SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employee's Authorization - Please fill out and return to the Payroll Department.
A voided check (checking accounts) or deposit slip (savings accounts) **must** be attached.

I authorize you and the financial institution listed below to initiate electronic entries to my (check **one** only)

_____ Checking Account

_____ Savings Account

each payday. This authority will remain in effect until I have cancelled in writing.

Date _____

Bank

Name (Please Print)

Branch

Bank Account Number

City

State

Signature

*****ATTACH HERE*****: VOIDED CHECK for (Checking Account)

or

DEPOSIT SLIP for (Savings Account)

For Bank Use Only:

Transit Routing Number

Account Number Information
