REGIONAL SCHOOL UNIT 23
AUTHORIZATION FOR DIRECT DEPOSIT

I authorize the company named above to automatically deposit/charge any funds owed to me to my account(s) at the Depository Financial Institution(s) named in the form below.

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

I authorize the company to charge/deposit my account(s) only for the purpose of correcting an erroneous credit previously deposited provided that, prior to the debit the company has notified me in writing of the reason for the debit.

I authorize **Regional School Unit 23 (RSU 23)** to automatically deposit funds owed to me into the account(s) listed below:

Account 1

Bank Name _____

Bank Routing # _____ (9 digits starting left corner of check)

Type of Account (Circle one) **Checking** **Savings** **IRA**

Acct # _____ Amount $_____

Account 2

Bank Name _____

Bank Routing # _____ (9 digits starting left corner of check)

Type of Account (Circle one) **Checking** **Savings** **IRA**

Acct # _____ Amount $_____

Account 3

Bank Name _____

Bank Routing # _____ (9 digits starting left corner of check)

Type of Account (Circle one) **Checking** **Savings** **IRA**

Acct # _____ Amount $_____

In addition, I authorize RSU 23 to make adjustment entries, if necessary, only under the conditions described in the Authorization Agreement above.

I have read and understood this form:

Employee Name: _____ ____/____/____

SIGNATURE PRINT NAME DATE

Please attach a voided check or official letter from your banking institution for each account listed and return to Human Resources.