

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

****Please attach a voided check for each bank account to which funds should be deposited.***

Northborough Public Schools

Type of Account: Checking* Savings**

Southborough Public Schools – Town of Southborough

Type of Account: Checking* Savings**

Northborough-Southborough Regional School District

Type of Account: Checking* Savings**

*****Please attach a transit/routing number confirmation slip from your bank for a deposit into a savings account.***

I authorize the Northborough School Department, Town of Southborough and/or the Northborough-Southborough Regional School District to directly deposit my net pay to the account at the financial institution listed above. I understand that Northborough School Department, Town of Southborough and/or the Northborough-Southborough Regional School District may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

It is understood that this agreement may be terminated by me at any time by written notification to the organization. Any such notification to the company shall be effective only with respect to entries initiated by the organization after such receipt of such notification and a reasonable opportunity to act on it. Any such notification to the bank by the employee is unacceptable. The organization may terminate this agreement on its sole discretion if it deems necessary. The organization will be held harmless for any errors in transmission of funds due to technical issues. However, every effort will be made to remedy as soon as possible.

Employee Signature: _____

Date: _____