

**NORTHBORO PUBLIC SCHOOLS**  
**DIRECT DEPOSIT APPLICATION**

PLEASE FILL IN COMPLETELY AND RETURN TO BUSINESS OFFICE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BANK LOCATION: \_\_\_\_\_

CHECK ONE:      CHECKING \_\_\_\_\_      SAVINGS \_\_\_\_\_

**REQUIRED**

Please attach a void check from your checking account, or information from your bank for a savings account. We need this information in order to ascertain the proper routing and account numbers for your account.

**AUTHORIZATION AGREEMENT**

I AUTHORIZE THE NORTHBORO SCHOOL DEPARTMENT TO DEPOSIT MY NET PAY AT THE FINANCIAL INSTITUTION NAMED ABOVE. I UNDERSTAND THAT THE NORTHBORO SCHOOL DEPARTMENT MAY CAUSE MY ACCOUNT TO BE ADJUSTED TO THE EXTENT NECESSARY TO CORRECT ANY OVERDEPOSIT 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 COMPANY. ANY SUCH NOTIFICATION TO THE COMPANY SHALL BE EFFECTIVE ONLY WITH RESPECT TO ENTRIES INITIATED BY THE COMPANY AFTER RECEIPT OF SUCH NOTIFICATION AND A REASONABLE OPPORTUNITY TO ACT ON IT. ANY SUCH NOTIFICATION TO THE BANK BY THE EMPLOYEE IS UNACCEPTABLE. THE BANK MAY TERMINATE THIS AGREEMENT BY WRITTEN NOTICE TO THE EMPLOYEE FOR JUST CAUSE.

SIGNATURE: \_\_\_\_\_  
EMPLOYEE

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
EMPLOYER

DATE: \_\_\_\_\_

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TRANSIT ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PAYROLL BANK CODE: \_\_\_\_\_