

NORTHBOROUGH-SOUTHBOROUGH REGIONAL SCHOOL DISTRICT
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 NORTHBOROUGH-SOUTHBOROUGH REGIONAL SCHOOL DISTRICT TO DEPOSIT MY NET PAY AT THE FINANCIAL INSTITUTION NAMED ABOVE. I UNDERSTAND THAT 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 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: _____ DATE: _____
 EMPLOYEE

SIGNATURE: _____ DATE: _____
 EMPLOYER

TRANSIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PAYROLL BANK CODE: _____