



DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____ **School:** _____

Email Address: _____ (to electronically receive your pay stub)

- Please attach proof of your account(s) to the back of this form.
- You may elect to have your check deposited in up to five (5) bank accounts.

Account #1:	<input type="checkbox"/> Add	<input type="checkbox"/> Stop	<input type="checkbox"/> Change
Bank Name:	_____		
Routing #:	_____	Account #:	_____
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Net Amount	<input type="checkbox"/> Flat Amount _____		

Account #2:	<input type="checkbox"/> Add	<input type="checkbox"/> Stop	<input type="checkbox"/> Change
Bank Name:	_____		
Routing #:	_____	Account #:	_____
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Flat Amount	_____		

Account #3:	<input type="checkbox"/> Add	<input type="checkbox"/> Stop	<input type="checkbox"/> Change
Bank Name:	_____		
Routing #:	_____	Account #:	_____
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Flat Amount	_____		

I hereby authorize the North Middlesex Regional School District to initiate credit entries to my checking account(s) and/or savings(s) account(s) indicated above at the depository financial institution named above, hereinafter called the DEPOSITORY, and to credit the same to such account.

Employee Signature: _____ **Date:** _____