

# DEMAREST BOARD OF EDUCATION

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize the Demarest Board of Education to deposit my check to the bank(s) named below. This authority will remain in force until I have given the Demarest Board of Education written notification to terminate or until the Demarest Board of Education has notified me that it has terminated this service. I understand I must provide the Demarest Board of Education advance notice and reasonable time to act on my instructions. (Optional: May indicate three separate bank accounts to be credited).

Please direct deposit my pay into: \_\_\_\_\_  
Bank Name(s)

Circle One

Checking  Savings  Other          \_\_\_\_\_  
Routing Number Account Number

Amount per Pay: \_\_\_\_\_

Checking  Savings  Other         \_\_\_\_\_  
Routing Number Account Number

Amount per Pay: \_\_\_\_\_

Checking  Savings  Other        \_\_\_\_\_  
Routing Number Account Number

Amount per Pay: \_\_\_\_\_

Please attach void check(s) here or direct deposit form(s) issued by your financial institutions supporting above.

\_\_\_\_\_  
Employee Name/Signature

\_\_\_\_\_  
Date