

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

TEWKSBURY PUBLIC SCHOOLS

This form is to be used to:

- Initiate a Direct Deposit of an employee's entire paycheck
- Initiate an ACH transfer of a specific amount to a financial institution
If initiating a NEW Direct Deposit or ACH transfer, complete this form in its entirety
- Change the amount of an existing ACH transfer

If changing the amount of an existing ACH transfer, correct the amount here, enter the name of the BANK and sign below:

OLD AMT \$ _____ NEW AMT \$ _____ BANK: _____

You do not need to complete any other information on this form.

Changes to ACH transfers will commence on the next payroll after this form is received.

Employee Name _____ Date _____

Name of Financial Institution _____ City _____ ST _____

CHECKING

(ATTACH A VOIDED CHECK)

SAVINGS

(ATTACH A DEPOSIT SLIP)

A diagram of a check stub layout. It shows fields for NAME, ADDRESS, CITY, STATE, ZIP, and DATE. There is a line for the amount in dollars. Below the amount line, there are fields for BANK NAME, ADDRESS, CITY, STATE, ZIP, and ACH. At the bottom, there are three fields: Bank Routing Number (with routing number 0123), Bank Account Number (with account number 012345678901234), and Check Number (with check number 0123).

A diagram of a deposit slip layout. It shows fields for NAME, ADDRESS, CITY, STATE, ZIP, and DATE. There is a line for the amount in dollars. Below the amount line, there are fields for BANK NAME, ADDRESS, CITY, STATE, ZIP, and ACH. At the bottom, there are two fields: Bank Routing Number (with routing number 0123456789) and Bank Account Number (with account number 012345678901234).

Routing number _____ Account number: _____

I hereby authorize the Tewksbury Public Schools to deposit the following amount to the account named above: FULL CHECK OR AMOUNT \$ _____

Enter email address here if interested in receiving your check stub via email

If receiving check stub via email, please note that the email attachment is password protected and the password is the last 4 digits of your social security #.

I hereby authorize the Tewksbury Public Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account listed above.

This authority is to remain in full force and effect until the Tewksbury Public Schools has received written notification from me of its termination in such time and in such manner as to afford the Tewksbury Public Schools and the financial institution a reasonable opportunity to act on it.

Further, I am aware that the first payroll after this notice is received by the payroll office will be a PRE-NOTE, whereby a test is run to insure that all Routing and account numbers are accurate. If no errors are encountered, the deposit will be "LIVE" on the second payroll after this notice is received.

Signature of EMPLOYEE _____