

Authorization for Direct Payroll Deposit

I hereby authorize **The Rocky Hill Board of Education** to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize **The Rocky Hill Board of Education** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **The Rocky Hill Board of Education** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution(s) in depositing funds to my account.

This agreement will remain in effect until **The Rocky Hill Board of Education** receives a written notice of cancellation from me or my financial institution(s), or until I submit a new direct deposit form to the Payroll Department.

Please be sure to complete all information for each deposit account. Incomplete forms will be returned causing a delay in your direct deposit.

Employee Name:	School or Location:

Please include a voided check for checking accounts to ensure ABA Transit code verification

Fill in Bank Name below:

Transit/ABA Code: Must be Completed

Account 1	Account Number					
New	Cancel	Replace Existing	Full	Partial	Checking	Savings

Fill in Bank Name below:

Transit/ABA Code: Must be Completed

Account 2'F qmctu	Account Number					
New	Cancel	Replace Existing	Full	Partial	Checking	Savings

Fill in Bank Name below:

Transit/ABA Code: Must be Completed

Account 3'F qmctu	Account Number					
New	Cancel	Replace Existing	Full	Partial	Checking	Savings

Fill in Bank Name below:

Transit/ABA Code: Must be Completed

Account 4'F qmctu"	Account Number					
New	Cancel	Replace Existing	Full	Partial	Checking	Savings

Fill in Bank Name below:

Transit/ABA Code: Must be Completed

Account 5'F qmctu	Account Number					
New	Cancel	Replace Existing	Full	Partial	Checking	Savings

Employee Signature in ink (Not valid without)

Date

Please note: Due to Federal Banking laws, The above authorization will take effect on the second pay period.

Please return completed authorization to:

Payroll Bookkeeping, Central Office

Received: _____

Entered: _____