



DIRECT DEPOSIT AUTHORIZATION

To initiate the Direct Deposit process, complete this form, **attach either a voided check or printed report from your financial institution**, and return to the SAU office, ATTN: Payroll. Please allow up to two weeks for implementation. If you have any questions, please call the SAU @ 679-8003.

DIRECT DEPOSIT AUTHORIZATION AGREEMENT:

Employee Name: _____

I authorize the **EPPING SCHOOL DISTRICT** to automatically deposit funds owed to me into my:

I. Financial Institution: _____

Checking Account #: _____ Amount: _____

Savings Account #: _____ Amount: _____

II. Financial Institution: _____

Checking Account #: _____ Amount: _____

Savings Account #: _____ Amount: _____

I understand that this agreement may be terminated by me or by the District at any time by written notification. Any such notification requires up to two weeks to implement.

I authorize the **EPPING SCHOOL DISTRICT** to debit my account ONLY for the purpose of correcting an erroneous credit previously deposited to my account. Prior to the debit, the payroll department will notify me of the reason for the debit.

I have read and understand this form: _____
Employee Signature

Date