

Plainville Community Schools
Municipal Center, One Central Square
Plainville, CT 06062

Authorization Agreement for Direct Deposit

Employee Name: _____

I/we authorize the "Plainville Community Schools", hereinafter called COMPANY, to initiate credit entries to my/our Checking/Savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository Information

Attach a voided check or form from the financial institution indicating the routing & account numbers.

Financial Institution #1

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account #: _____

Account Type: Checking Savings

Amount: Net Pay Dollar Amount \$ _____

Financial Institution #2 (if applicable)

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account #: _____

Account Type: Checking Savings

Amount: Net Pay Dollar Amount \$ _____ Remainder (after #1 above)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature(s): _____ Date: _____

Send the completed form to the Payroll Dept.