AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSITS

Employee Name: _____

Employee #: _____ Location: _____

Signed: _____ Date: _____

I HEREBY AUTHORIZE AND REQUEST

☐ AMHERST-PELHAM REGIONAL SCHOOL DISTRICT
☐ AMHERST PUBLIC SCHOOLS
☐ PELHAM PUBLIC SCHOOLS
} HEREINAFTER CALLED

The **SCHOOL**, to make payment of any amounts owing to me for payroll payments by intiating deposits to my **Bank** named below, hereinafter called **BANK**, and I authorize and request the **BANK** to accept deposits initiated by the **SCHOOL** and to deposit the same to such account without responsibility for the correctness of the amount.

BANK NAME: _____

BANK ADDRESS: _____

**(out of state banks you must include the bank address)

TYPE OF ACCOUNT: (Please Indicate Options Below)

☐ CHECKING (Attach Voided Check)

Transit Routing Number | Account Number Information | Distribution Options*
_____%or $_____

☐ SAVINGS

Transit Routing Number | Account Number Information | Distribution Options*
_____%or $_____

*DISTRIBUTION OPTIONS: CHECK ____ THE OPTION BELOW AND ENTER THE INFORMATION ABOVE

____CHECKING ACCOUNT ONLY - Enter 100% or ____SAVINGS ACCOUNT ONLY- Enter 100%

____CHECKING AND SAVINGS: Enter a percentage figure for each, Checking and Savings (Total 100%) OR, a fixed dollar amount for one and 100% for the other account, any earnings over the fixed amount will be distributed to the 100% account.

It is understood that this agreement may be terminated by me at anytime by written notfication to the School. Any such notification to the School shall be effective only with respect to entries intiated by the School after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the Bank by the employee is unacceptable. The Bank may terminate this agreement by written notice to the employee for just cause.

*NOTE: 1ST pay is prenoted and you will receive a real check.

Distribution:
Part 1 (WHITE) BUSINESS OFFICE
PART 2(CANARY) EMPLOYEE COPY