

Maine School Administrative District #35

DIRECT DEPOSIT

Authorization Agreement for Pre-Authorized Credits/Debits:

I hereby authorize and request MSAD #35 to initiate credit entries to my Checking and/or Savings Account(s) indicated below, and the Financial Institution(s) named below, to credit the same to such account(s). I also authorize debits as deemed necessary to correct any misapplied payments, should such occur.

NAME: _____

DEPOSIT MY PAY:

Bank Name: _____ **Routing Number:** _____

Account # : _____

This account is a _____ **CHECKING** **or a** _____ **SAVINGS Account**

(If checking, please attach a voided check from the account)

You may also choose to have fixed amount(s) of your pay deposited to other accounts:

FIXED DEPOSIT #1

Bank Name: _____ **Routing Number:** _____

Account #: _____

Amount to be Deposited Biweekly \$ _____ **CHECKING** or _____ **SAVINGS**

FIXED DEPOSIT #2

Bank Name: _____ **Routing Number:** _____

Account #: _____

Amount to be Deposited Biweekly \$ _____ **CHECKING** or _____ **SAVINGS**

FIXED DEPOSIT #3

Bank Name: _____ **Routing Number:** _____

Account #: _____

Amount to be Deposited Biweekly \$ _____ **CHECKING** or _____ **SAVINGS**

This authority is to remain in full force and effect until MSAD #35 and the Bank has received written notification from me of its termination in such time as to afford MSAD #35 and the Depository a reasonable opportunity to act upon it.

Signature: _____ **Date:** _____