

Authorization Agreement for Automatic Payroll Deposits

Employee Information

Your Name _____ Employee # _____
(as it appears on your bank account)
Address _____ Soc. Security # _____
City _____ State _____ Zip _____

Financial Institution Information

Financial Institution Name _____
Branch _____ Routing # _____
Address _____ Account # _____
Bank Telephone # (____) _____ - _____ Account is a Checking Savings
Deposit Amount \$ _____
(Enter "NET" to deposit your entire paycheck)

Alternate Deposit Accounts

Alt 1 _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
(Financial Institution Name)	(Telephone #)	Account #	(Chk/Sav)	(Deposit Amount)
Alt 2 _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
Alt 3 _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____

Authorization

I hereby authorize Yale Public Schools to deposit my payroll earnings into the account(s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date _____ Signature _____