

# DIRECT DEPOSIT AUTHORIZATION AGREEMENT

## NET CHECK

COMPANY NAME

NORTH KINGSTOWN SCHOOL DEPT.

COMPANY I.D. NUMBER

05-6000273

I hereby authorize the **NORTH KINGSTOWN SCHOOL DEPARTMENT**, hereinafter called Company, to make payment of my **net check** for Direct Deposit of Payroll to the Bank indicated below, hereinafter called Bank, and authorize Bank to credit such amount to my:

(check type of account)

Checking

Savings

### EMPLOYEE INFORMATION

Print Name:

Soc. Sec. #:

Signature:

Date:

Please note that payroll will send your bi-weekly pay stub via email if Direct Deposit is selected:

(PLEASE CIRCLE NKSD EMAIL OR ALTERNATE EMAIL)

Please list alternate email if circled: \_\_\_\_\_

This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

### BANK INFORMATION

Name:

(Optional Information)

Address:

Acct. #:

City, State:

Zip:

Staple Voided Check Here

EE# \_\_\_\_\_

PRENOTED: \_\_\_\_\_

BY: \_\_\_\_\_

# DIRECT DEPOSIT AUTHORIZATION AGREEMENT

## DESIGNATED AMOUNT

COMPANY NAME

NORTH KINGSTOWN SCHOOL DEPT.

COMPANY I.D. NUMBER

05-6000273

I hereby authorize the **NORTH KINGSTOWN SCHOOL DEPARTMENT**, hereinafter called Company, to make payment of the **amount designated below** for Direct Deposit of Payroll to the Bank indicated below, hereinafter called Bank, and authorize Bank to credit such amount to my:

(check type of account)

Checking

Savings

\$

Amount

### EMPLOYEE INFORMATION

Print Name:

Soc. Sec. #:

Signature:

Date:

Please note that payroll will send your bi-weekly pay stub by email if you are signed up for Direct Deposit:

(PLEASE CIRCLE **NKSD EMAIL** OR **ALTERNATE EMAIL**)

Please list alternate email address if circled: \_\_\_\_\_

This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

### BANK INFORMATION

Name:

(Optional information)

Address:

Acct #:

City, State:

Zip:

Staple Volded Check Here

EE# \_\_\_\_\_

PRENOTED: \_\_\_\_\_

BY: \_\_\_\_\_