

MSAD # 49 Electronic Direct Deposit

Authorization agreement for automatic deposits

Name: _____ Last 4 digits of your Social Security # _____

I hereby authorize and request MSAD #49, hereinafter referred to as the Unit, to initiate debit/credit entries or terminate a direct deposit to my checking and/or savings account(s) indicated below to the financial institution named below, hereinafter referred to as the Bank, to debit/credit the same to such account(s).

New Direct Deposit **Changing \$ of existing Direct Deposit** **Stopping an existing Direct Deposit**

Deposit 1

Bank Name _____ City _____ State _____

Routing # _____ Account # _____ Checking Savings

\$\$ Amount per Check \$ _____ Net Check

New Direct Deposit **Changing \$ of existing Direct Deposit** **Stopping an existing Direct Deposit**

Deposit 2

Bank Name _____ City _____ State _____

Routing # _____ Account # _____ Checking Savings

\$\$ Amount per Check \$ _____ Net Check

This authority is to remain in full force and effect until MSAD #49 has received written notification from me of its change and or termination in such time as to afford MSAD #49 and the BANK a reasonable opportunity to act on it.

Your direct deposit advice slip will be emailed to you, please provide your preferred email address:

Signature: _____

Date: _____