

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL WARRANT

NAME _____ Soc. Sec # _____

I hereby authorize the SOUTH FORK UNION SCHOOL DISTRICT to initiate credits to my account indicated below and authorize the financial institution indicated below to credit my account with the amount of my payroll warrant.

Financial Institution Name _____

Office Address _____

City, State and Zip code _____

Financial Institution Phone Number _____

Effective Date _____

Signed _____ Date _____

Checking Account - _____ Or Savings Account - _____

Financial Institution Routing Number

Checking Account Number

Please attach a voided check or deposit slip here

Return this form by the 15th of the month. Direct Deposit will begin the following month.