

MAINE SCHOOL ADMINISTRATIVE DISTRICT #37

HARRINGTON, MAINE

Electronic Direct Deposit Form

(Please complete a separate form for each bank you wish to deposit to.)

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDITS/DEBITS**

I hereby authorize and request MSAD #37, hereafter referred to as the Company, to initiate debit/credit entries to my **checking** and/or **savings** account(s) indicated below and the Financial Institution named below, hereafter referred to as the Bank, to debit/credit the same to such account(s). I understand that it takes TWO (2) payrolls for the direct deposit to go into effect.

**Please provide the following:** (You may attach a VOIDED check for reference.)

**EMPLOYEE NAME:** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

**BANK PHONE:** \_\_\_\_\_

**BANK ROUTING NUMBER:** \_\_\_\_\_

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**Account Number**—Please confirm accuracy of the account number before submitting form.

**Checking/Savings**—Please note whether account listed is Checking or Savings.

**Amount**—Please enter amount of deposit to the account. Please use a set dollar amount, or use the word “Balance” for remainder of pay, or “Full Pay” for deposit of total net pay.

Account Number	Checking or Savings	Amount
_____	_____	_____
_____	_____	_____

**NOTE: Any net pay amount remaining after direct deposits will be paid to the employee through paper checks.**

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

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Pre-note Date: _____ Elec Dep Begins: _____
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