**BEACON CITY SCHOOL DISTRICT**

ADMINISTRATIVE OFFICES

10 EDUCATION DRIVE

BEACON, NY 12508

(845) 838-6900 EXT. 2005

(845) 838-6905 – FAX

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**Company Name Company ID Number**

 BEACON CITY SCHOOL DISTRICT 1146001231

I hereby authorize my employer/payer, hereinafter called **Beacon City School District**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my financial institution indicated below, hereinafter called **DEPOSITORY,** to credit and/or debit the same to such account.

**First Name Last Name Social Security #**

**Depository Name Entire Check**

 **Or**

 **Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Account Transit/ABA Number (Routing) Account #**

 **Checking**

 **Savings**

***To ensure that my account is properly credited, I have attached a VOIDED CHECK from my checking account or a DEPOSIT SLIP from my savings account where my net pay will be deposited. Direct deposit WILL NOT BE initiated without these documents.***

This authority is to remain in full force and effect until the **District** has received a written termination notice from me in a timely manner to allow the **District** and **DEPOSITORY** a reasonable amount of time to process it.

**Employee Signature Date**