



# Exeter-West Greenwich Regional School District

940 Nooseneck Hill Rd. West Greenwich, RI 02817

401.397.5125 Fax: 401.397.2407

## Direct Deposit Authorization

Name \_\_\_\_\_

PLEASE PRINT: First

Middle

Last

Social Security #: \_\_\_\_\_

**\*\*A Void Check or Bank Documentation Is Necessary For Verification\*\***

1. I hereby authorize and request you to:  START,  STOP,  CHANGE AMOUNT

Bank Name: \_\_\_\_\_

SAVINGS or  CHECKING  Full Net Deposit or  Fixed Amount \$ \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

2. I hereby authorize and request you to:  START,  STOP,  CHANGE AMOUNT

Bank Name: \_\_\_\_\_

SAVINGS or  CHECKING  Full Net Deposit or  Fixed Amount \$ \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

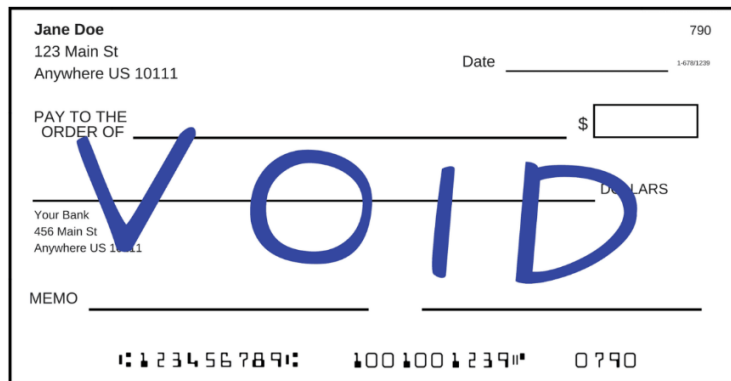
3. I hereby authorize and request you to:  START,  STOP,  CHANGE AMOUNT

Bank Name: \_\_\_\_\_

SAVINGS or  CHECKING  Full Net Deposit or  Fixed Amount \$ \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

A voided check or bank documentation must be attached for each account, not a deposit slip. Below is a sample check detailing where the information necessary to complete this form can be found.



Routing #

Account #

Check #

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit a credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_