

**HUNTINGTON UNION FREE SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I authorize my employer, Huntington UFSD, to deposit my Net Pay directly into the following account.

<hr/> <p align="center">(Please print NAME)</p>	<hr/> <p align="center">(Social Security Number)</p>
<hr/> <p align="center">(Employees Signature)</p>	<hr/> <p align="center">(School you are located in)</p>
<hr/> <p align="center">(Date)</p>	Date of Prenote : _____ Date of 1st. DD : _____

I understand that the direct deposit will activate approximately 2 payrolls after I submit my form. The first payroll will generate a live check with a prenote test to my bank. Providing bank has not notified us of any problems with the prenote, your next check will automatically be direct deposited.

Checking Account

Savings Account

<hr/> <p align="center">(Your Bank's Name)</p>	<hr/> <p align="center">(Your Bank's Name)</p>
<hr/> <p align="center">(Location of your Bank)</p>	<hr/> <p align="center">(Location of your Bank)</p>
<hr/> <p align="center">(Account Number)</p>	<hr/> <p align="center">(Account Number)</p>
<hr/> <p align="center">(ABA Number (or) Routing Number of your Bank)</p>	<hr/> <p align="center">(ABA Number (or) Routing Number of your Bank)</p>

Deposit total net pay: _____	Deposit total net pay: _____
Deposit dollar amount: \$ _____	Deposit dollar amount: \$ _____

Please cancel my direct deposit effective: date: _____ Signature: _____
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To insure that my account is properly credited, I have attached a voided check from the account where my Net Pay will be deposited. Please be advised that you must contact the Payroll at **X-2124** before making any changes to the account in which you direct deposit.