

**BYRON-BERGEN CENTRAL SCHOOL
DIRECT DEPOSIT OF SALARY
AUTHORIZATION AGREEMENT**

I hereby consent to and authorize Byron-Bergen Central School, hereinafter called Company, to deposit my Net Wages in the account in my name, at the Bank indicated below, hereinafter called Bank, and authorize Bank to credit such amounts to my:

| | |
|--|-------------------------|
| Indicate type of account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Name of Bank or Savings Association | |
| Branch | City/State/Zip |
| Bank Routing & Transit Number : _____ : | Account Number _____ |

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT FOR THE DURATION OF MY EMPLOYMENT, OR UNTIL COMPANY MAY WISH TO DISCONTINUE THE SERVICE, OR UNTIL COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD COMPANY AND BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

| | |
|------------------------------|------------------------|
| Employee Name (Please Print) | Social Security Number |
| Employee Signature | Date |

**STAPLE YOUR
VOIDED CHECK OR SAVINGS DEPOSIT
HERE**

Affix a voided check (for checking accounts) or deposit slip (for savings accounts) to this authorization. Send the original authorization agreement with sample document to the Business Office.