

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DIRECT DEPOSIT

I hereby authorize the Newburgh Enlarged City School District to initiate payroll direct deposit to the checking / savings (**circle one**) account indicated below. If an error occurs with the deposit amount, I authorize NECSD to initiate withdrawals from the account indicated below.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ **STATE:** _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NO.: _____

NAME(S): _____

ADDRESS: _____

DATE: _____ **SIGNED: x** _____

x _____

NOTE: Please attach a voided check