



Stamford Central School

1 River Street
Stamford
New York 12167
(607) 652-7301
Fax: (607) 652-3446

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

NOTE: Due to the time required for company and bank processing, please allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

I hereby authorize Stamford Central School, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION: _____		
City: _____	State: _____	Zip: _____

TRANSIT ROUTING NUMBER: _____

EMPLOYEE ACCOUNT INFORMATION: (circle one \$ or %)

ACCOUNT: _____ (CHECK/SAVINGS) \$ _____ %

ACCOUNT: _____ (CHECK/SAVINGS) \$ _____ %

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Please attach a voided check or deposit slip for account validation.

NAME(s) - Please Print _____		TAX ID #: _____
ADDRESS: _____	CITY/STATE: _____	ZIP: _____
SIGNATURE: _____		DATE: _____

THIS FORM IS TO BE RETAINED BY THE EMPLOYER AND PLACED IN THE EMPLOYEE'S PERSONNEL FILE AS A MATTER OF RECORD.

Our mission is to build a partnership of students, families, staff, and community members in order to create an educational community dedicated to excellence.