

Regional School District No. 17  
Haddam & Killingworth, Connecticut

Authorization Agreement for Automatic Deposit of Payroll

I hereby authorize Regional School District No. 17 to make an automatic direct deposit of my total net pay to the account and financial institution indicated below. This authorization will remain in effect until such time as the payroll department receives written notification in writing from me of its termination. Any such termination notification shall become effective upon receipt by the payroll department. I understand that this will take effect following a reasonable period for its implementation. I understand that I will continue to receive a statement of earnings and payroll deductions each payday.

I understand that if my direct deposit is returned to RSD 17 due to my error or neglect to give proper notification for direct deposit, I am responsible for the bank fees incurred by Regional School District No. 17.

Financial Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number \_\_\_\_\_

Type of Account: Checking  Savings  NOW

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

(Same as on your account – Please print neatly)

Employee Number  
(Found on your check) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

