

MSAD #49 AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Employee _____ Last 4 digits of your Social Security # _____
Please Print

New Direct Deposit/Bank **Change \$\$ Amount of Existing Direct Deposit**

I (we) hereby authorize MSAD #49 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account indicated below and the depository also named below, hereinafter called BANK, to credit and /or debit the same to such account.

BANK NAME _____ ACCT # _____

CITY _____ STATE _____

Set \$\$ Amount per check: \$ _____ OR Net Check

TYPE OF ACCT: SAVINGS CHECKING

Stop a Direct Deposit Completely

I hereby authorize MSAD #49 to terminate credit entries to my bank account indicated below and the depository also named below, hereinafter called BANK.

BANK NAME _____ ACCT # _____

CITY _____ STATE _____

If this is a new or changed checking number or bank, attach a photocopy of a check or a voided check below. If this is a new or changed savings number, attach a deposit slip or a copy of a deposit slip. You do not need to put anything in this space if you are just changing the dollar amount of an existing direct deposit or if you are only deleting a direct deposit.

This authority is to remain in full force and effect until MSAD #49 has received written notification from me of its termination in such time in such manner as to afford MSAD #49 and the BANK a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____