

**NEWFIELD CENTRAL SCHOOL
AUTHORIZATION FOR DIRECT DEPOSIT**

Name _____ Account # _____

Address _____

Bank Name _____ Bank Routing # _____

I hereby authorize Newfield Central School to initiate direct deposit of my check on a regular basis as checked below:

_____ checking acct. _____ savings acct.

Full check _____ or Fixed amount _____

This authority is to remain in effect until written notice to terminate this service has been received in the Business Office.

Signature _____ Date _____

PLEASE ATTACH A DEPOSIT SLIP OR VOIDED CHECK

Date to begin Direct Deposit _____

NOTICE OF TERMINATION FOR DIRECT DEPOSIT

Employee Name _____

Account Number _____

Terminate our agreement for direct deposit of payroll

beginning on _____

Employee Signature _____ Date _____