

**PITTSFIELD SCHOOL DISTRICT**  
23 Oneida Street, Unit 1  
Pittsfield, New Hampshire 03263  
Phone: (603) 435-5526 ~ Fax: (603) 435-5331

**ELECTRONIC DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDITS/DEBITS**

(PLEASE COMPLETE A SEPARATE FORM FOR EACH BANK YOU WISH TO DEPOSIT TO)

I hereby authorize and request SAU #51, hereafter referred to as the Company, to initiate debit/credit entries to the CHECKING and/or SAVINGS account(s) indicated below and the Financial Institution named below, hereafter referred to as the Bank, to debit/credit the same to such account(s).

**1) Please print the following:**

EMPLOYEE NAME: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK PHONE: \_\_\_\_\_

BANK DFI#/ABA#/TRANSIT #: \_\_\_\_\_

- 2) Account Number** Please confirm the accurate account number with your bank.  
**Checking/Savings** Please note whether account listed is *Checking* or *Savings*.  
**Amount** Please enter amount of deposit to the account using a set dollar amount or use the phrase "*Full pay*" for Deposit of total net pay.

Account Number	Checking OR Savings	Amount
_____	_____	_____
_____	_____	_____

- Any net pay amount remaining after direct deposits will be paid to the employee through paper check.
- Employee should anticipate a paper check for at least one pay period after submitting this form.

This authority is to remain in full force and effect until the Company and the Bank have received **written notification** from me of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it.

**3) Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY:** Pre-Note Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Elec Dep Begins: \_\_\_\_/\_\_\_\_/\_\_\_\_