

HUNTINGTON UNION FREE SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Print Name

Social Security Number

Employees Signature

Email to send DD Stub

Date

Date of Prenote: _____

Date of First DD: _____

I understand that the direct deposit will activate approximately 2 payrolls after I submit my form. The first payroll will generate a live check with a prenote test to my bank. Providing the bank has not notified HUFSD of any problems with the prenote, my next check will automatically be direct deposited.

I authorize my employer, Huntington UFSD, to deposit my Net Pay directly into the following account(s):

Checking Account

Savings Account

Your Banks Name

Your Banks Name

Your Banks ABA or Routing Number

Your Banks ABA or Routing Number

Account Number

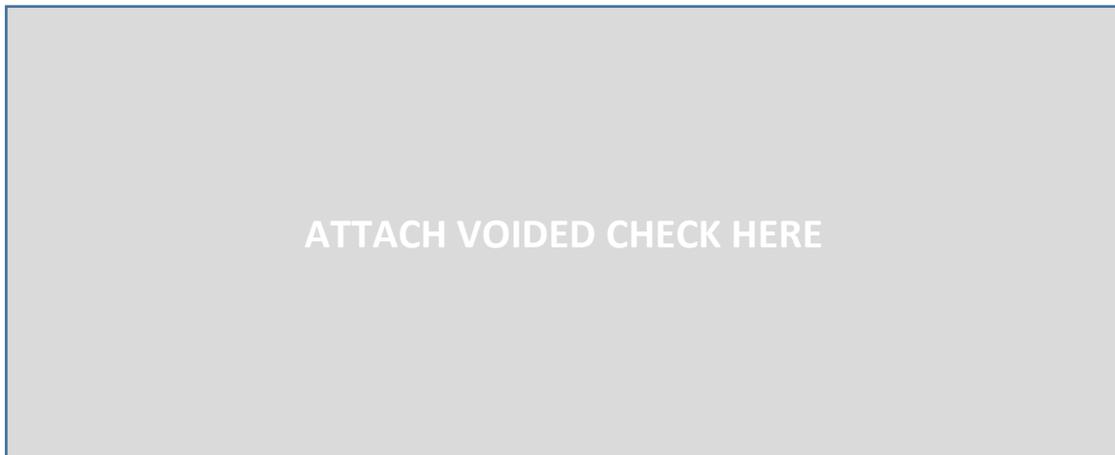
Account Number

Deposit total net pay: _____

Deposit total net pay: _____

Deposit dollar amount: \$ _____

Deposit dollar amount: \$ _____



Please be advised that you must contact the Payroll Dept. at X-2124 before making any changes to the account in which you direct deposit.

Please cancel my direct deposit. Effective date: _____
Signature: _____