

KINGSTON CITY SCHOOL DISTRICT

21 WYNKOOP PLACE

KINGSTON, NY 12401

Direct Deposit

I hereby authorize Kingston City School District, hereinafter called COMPANY; to initiate debit entries to my account (CAN ONLY SELECT ONE AT THIS TIME):

Checking Account _____ (MUST ATTACH VOIDED CHECK OR PAPERWORK FROM YOUR BANK)

Savings Account _____ (MUST ATTACH DEPOSIT SLIP)

Indicated below at the depository financial institute named below, hereinafter called DEPOSITORY, and to debit the same to each account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ SS#: _____

Date: _____ Signature: _____

Note: Debit authorizations must be provided so that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.