

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

HASTINGS ON HUDSON UFSD

I hereby authorize Hastings UFSD, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking Account OR _____ Savings Account

In the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIPCODE _____

ACCOUNT NUMBER _____

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

NAME _____ SOCIAL SECURITY _____
(print)

SIGNATURE _____ DATE _____

- Note: 1. A blank voided check must be attached.
2. If savings account is checked, attached a printed deposit ticket.

Please return this form to the Payroll Department