



School Administrative Unit 39, 1 School Street, P.O. Box 849, Amherst, NH 03031  
 Tel: 603-673-2690, Fax: 603-672-1786

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

DISTRICT:  Amherst School District  Souhegan School District  
 Mont Vernon School District  SAU

Office use only:  
 Prenote date: \_\_\_\_\_  
 Remove: \_\_\_\_\_  
 \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

*I authorize my employer to initiate the electronic entries necessary to directly deposit all or a portion of my net pay each pay period according to the following allocations: (this form hereby revoke all prior authorizations made by me).*

Account 1st	Financial Institution Name _____ _____	9 Digit Routing Number # _ _ _ _ _ Account # _____	(Circle one) checking or savings	Full Deposit <input type="checkbox"/> or Fixed Amt \$ _____
2nd	Financial Institution Name _____ _____	9 Digit Routing Number # _ _ _ _ _ Account # _____	(Circle one) checking or savings	Remaining Deposit <input type="checkbox"/> or Fixed Amt \$ _____
3rd	Financial Institution Name _____ _____	9 Digit Routing Number # _ _ _ _ _ Account # _____	(Circle one) checking or savings	Remaining Deposit <input type="checkbox"/> or Fixed Amt \$ _____
4th	Financial Institution Name _____ _____	9 Digit Routing Number # _ _ _ _ _ Account # _____	(Circle one) checking or savings	Remaining Deposit <input type="checkbox"/> or Fixed Amt \$ _____

Please verify routing and account numbers for both savings and checking accounts listed and **attach a deposit slip for saving account and/or a voided check.** Please allow up to 2 pay cycles for this authorization to take effect.

I hereby authorize the above school district to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s). This authorization is to remain in full force and effect until the district receives written notification from me or my termination of employment.

Employee Signature: \_\_\_\_\_

Date:        /        /