

Franklin Central Supervisory Union
 BFA / NWTC – St. Albans City – St. Albans Town – Fairfield – Early Childhood
Payroll Direct Deposit Authorization Agreement

I hereby authorize Franklin Central Supervisory Union to initiate credit entries to my account (s) as I have indicated below at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. This authority is to remain in full force and effect until Franklin Central Supervisory Union has received written notification from me of its termination and in such time and manner as to give the Franklin Central Supervisory Union and pertinent Financial Institution(s) a reasonable opportunity to act on it.

Please complete the following information and attach a voided check for the account that you have selected for direct deposit. If you wish to split the direct deposit and have multiple accounts credited, you will need to indicate a priority ranking for each account listed.

 Employee Name (Please Print)

 School

ACTION REQUESTED: Begin Direct Deposit Change Institution Change Account Number

Attach Voided Check(s) Here.

Priority One

Route and Transit or ABA number: _____

Account Number: _____

Type: _____ Checking
 _____ Savings

Deposit Entire Net Pay Each Pay Period

Deposit \$ _____ of Net Pay Each Pay Period

Priority Two

Route and Transit or ABA number: _____

Account Number: _____

Type: _____ Checking
 _____ Savings

Deposit Entire Net Pay Each Pay Period

Deposit \$ _____ of Net Pay Each Pay Period

Priority Three

Route and Transit or ABA number: _____

Account Number: _____

Type: _____ Checking
 _____ Savings

Deposit Entire Net Pay Each Pay Period

Deposit \$ _____ of Net Pay Each Pay Period

→ Please apply these same ACH choices to all payments I may receive from the district and its member schools.

 Employee Signature

 Date

Termination, Please terminate my direct deposit transactions on _____, Initials _____

Office Use Only: Pre-Note Date _____ Initial Live Transaction: _____

Effective Date of : Change _____ Termination _____