Strafford R-VI School District

Authorization for Routing Payroll Payments

_____ I authorize and request Strafford School to direct my payroll payments for crediting in my account indicated at the financial organization designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization designated or Strafford School reserves the right to cancel this agreement by notice to me.

Name of Payee	Social Security # of Payee
Address of Payee City State Zip	
Checking	*OR* *Savings*
Name of Financial Organization	Name of Financial Organization
Address	Address
City State Zip	City State Zip
Depositor Checking Account Title	Depositor Savings Account Title
Depositor Account #	Depositor Account #
Checking Account Transit Routing Number	Savings Account Transit Routing Number

I am authorizing…(check one) _____ direct deposit for the first time, _____ a change in financial
_____ termination of direct deposit institution/account

Signature	Date

Attach A Void Check Here