

Naugatuck Board of Education

Authorization Agreement for Automatic Deposit

I hereby authorize the **Naugatuck Board of Education**, hereinafter called **company**, to initiate credit entries and to initiate, if necessary, debit entries or adjustments for any credit entries in error to my account(s) indicated below and the bank named below, hereinafter called **bank**, to credit and/or debit the same account.

- **Please do not close any accounts before notifying the payroll department.**
- **If you are depositing to a checking account, a voided check or copy is required.**
- **Deposits to new accounts require a pre-note period. This means that for one or two pay periods your information will not change and for remainder deposits you will receive a paper check that you have to take to the bank to cash.**

Cancel existing account Bank Name: _____ Account Number: _____

Deposit 1: This is a ☐ New Account ☐ Change to an existing account

Bank Name: _____

Branch/City: _____

Transit/ABA Number (Routing Number): _____

Account Number: _____ Checking _____ Savings _____

Please Select One: _____ Amount to be automatically deposited

_____ Remainder/All of check to be deposited

Deposit 2: This is a ☐ New Account ☐ Change to an existing account

Bank Name: _____

Branch/City: _____

Transit/ABA Number (Routing Number): _____

Account Number: _____ Checking _____ Savings _____

Please Select One: _____ Amount to be automatically deposited

_____ Remainder/All of check to be deposited

Email of Direct Deposit Pay Stub

To have your pay stub mailed to either your Google Work email address or a personal email address please check one box below and fill out the necessary information:

☐ Personal email address: _____

☐ Google Work email address: _____ If you are a new employee and a Google Work email address has not been set up yet, once your email has been set up you will receive your pay stub at your Google Work email address

*******A password is required to access your deposit stub, your password is the last four digits of your social security number.**

The authority is to remain in full force and 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: _____ Date: _____

Signature: _____