

MARLBORO CENTRAL SCHOOL DISTRICT  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Marlboro Central School District to automatically deposit my payroll check into my account listed below. This includes my authorization to correct any entries made in error.

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

This authorization will remain in effect until the Marlboro Central School District has received written notification from me of its termination.

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

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

NTS