ICHABOD CRANE CENTRAL SCHOOL DISTRICT DIRECT DEPOSIT OF PAYROLL - AUTHORIZATION AGREEMENT

EMPLOYEE NAME		SOCIAL SECURITY NO.		
I hereby authorize The Ichabod Crane owing me for Direct Deposit of Payroll to amounts to my:				
(Indicate type of Account)	☐ Checking	Account	•	
· · · · · · · · · · · · · · · · · · ·	☐ Savings A			
Bank or Savings Association:				
Name	Address			
Branch	. City Zip		Zip	
			-	
Bank-Account No.	Bank Phone No.			
entitled, which was deposited to the according any other lawful means to retrieve full force and effect until Company has recompany and Bank a reasonable opportuing the Employee Name:	ve salary payments to we eccived written notifica	which the employee is not ent	itled. This authorization is to remain in	
Signature:	Date	Signature:	Date	
PLEASE SUBMIT A VOIDED CHECK or MICR sheet to: PAYROLL OFFICE, I Received By:	Ichabod Crane Central S	School District.	orization Agreement with canceled check	
	STAF	PLÉ YOUR		
vor	DED CHECK OR MI	ICR-SPECIFICATION SH	EET	
	1	HERE		
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