

# DIRECT DEPOSIT AUTHORIZATION

Addison Northeast Supervisory Union  
(Bristol, Lincoln, Monkton, New Haven, Starksboro, and Mt. Abraham)

I authorize the Addison Northeast Supervisory Union to automatically deposit any funds owed to my account at the Depository Financial Institution(s) named below.

I understand this agreement may be terminated by me or by the school district at any time by written notification. Any such notification requires a reasonable amount of time to act upon it.

I authorize the school district to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, the school district has notified me in writing of the reason for the debt.

I hereby authorize Addison Northeast Supervisory Union to automatically deposit my paycheck to the Bank(s) or Credit Union(s) listed below:

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

Direct Deposit:     New             Change            School: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email my Direct Deposit Advice Slip to: \_\_\_\_\_  
(email address)

Financial Institution Name: _____	NET Check <input type="checkbox"/>
Account Number: _____	Account Type:    Checking _____
Routing Number: _____	or
	Savings _____
Financial Institution Name: _____	
Account Number: _____	Account Type:    Checking _____
Routing Number: _____	or
	Savings _____
Amount of Deposit \$ _____	
Financial Institution Name: _____	
Account Number: _____	Account Type:    Checking _____
Routing Number: _____	or
	Savings _____
Amount of Deposit \$ _____	

**For each account listed above, please attach a voided check and return to the Central Office**