

Caledonia Central Supervisory Union
CALEDONIA COOPERATIVE SCHOOL DISTRICT
DANVILLE SCHOOL DISTRICT-PEACHAM SCHOOL DISTRICT
CABOT SCHOOL DISTRICT - TWINFIELD UNION SCHOOL DISTRICT

**AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT ON PAYROLL**

I hereby authorize Caledonia Central Supervisory Union to initiate deposits to my account indicated below at the depository financial institution named below.

FIRST DEPOSIT ACCOUNT

() Checking account or () Savings account

Financial Institute _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount to be deposited _____

SECOND DEPOSIT ACCOUNT

() Checking account or () Savings account

Financial Institute _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount to be deposited _____

This authorization is to remain in full force and effect until the CCSU receives written notice from me of its termination or change in account number no less than twelve days prior to the next paycheck date. I agree not to terminate this contract more than twice within a school year. In the event of an error I have caused, I agree to wait five working days for the correction to be made.

EMPLOYEE NAME _____

DATE _____ SIGNED _____

Note: All written credit/debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the above authorization.