

School Administrative Unit 80 – Shaker Regional School District Direct Deposit Form

I authorize Shaker Regional School District to automatically deposit any funds owed to me in my account at the financial institution named below.

I understand that this agreement may be terminated by me or by the Shaker Regional School District at any time by written notification. Any such notification requires a reasonable amount of time to act on it.

I authorize the Shaker Regional School District to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account.

Funds are available on payday and will not be guaranteed to be the account or available before that day.

REQUEST FOR DIRECT DEPOSIT New Request Change

I authorize School Administrative Unit 80, the Shaker Regional School District, to automatically deposit funds owed for payroll as outlined below.

Employee Name: _____

1. _____ Checking Savings
 Name of Financial Institution

_____ _____ _____
Net Check or \$ Amount Routing Number Account Number

2. _____ Checking Savings
 Name of Financial Institution

_____ _____ _____
Net Check or \$ Amount Routing Number Account Number

3. _____ Checking Savings
 Name of Financial Institution

_____ _____ _____
Net Check or \$ Amount Routing Number Account Number

Signature: _____ *Date:* _____