

**WILTON-LYNDEBOROUGH COOPERATIVE SCHOOL DISTRICT**  
**DIRECT DEPOSIT AUTHORIZATION**

To initiate the direct deposit process complete this form, ATTACH A VOIDED CHECK OR DEPOSIT SLIP, and return to the SAU Office, ATTN: Payroll. Please allow two weeks for implementation. If you have any questions, please call the SAU Office @ 654-8088.

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT:**

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

I authorize the **Wilton-Lyndeborough Cooperative School District** to automatically deposit funds owed to me into my:

I.  
Financial Institution: \_\_\_\_\_ Routing #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

II.  
Financial Institution: \_\_\_\_\_ Routing #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

I authorize the **Wilton-Lyndeborough Cooperative School District** to charge/credit to my account only for the purposes of correcting an erroneous credit/debit previously deposited to my account provided that, prior to the debit/credit the district has notified me in writing of the reasons for the adjustment.

I have read and understand this form: \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

PLEASE AUTHORIZE E-MAIL DELIVERY OF DIRECT DEPOSIT VOUCHER BY CHECKING BELOW AND PROVIDING THE E-MAIL ADDRESS YOU WOULD LIKE THE VOUCHER SENT TO:

\_\_\_\_\_ Please send direct deposit voucher to me via e-mail.

**Employee e-mail:** \_\_\_\_\_  
(Advice Slip will be sent to this e-mail address, in lieu of a hard copy from SAU Offices)